The Alumni=Triangle

Vol. 4 TUESDAY, OCTOBER 27, 1908 No. 1

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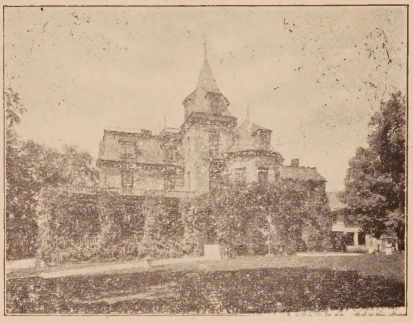

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The ALUMNI-TRIANGLE

The Best of Everything and Plenty of It

Vol. 4 BALTIMORE, TUESDAY, OCTOBER 27, 1908 No. 1

SOME INTELLECTUAL PROBLEMS CONFRONTING THE MEDICAL STUDENT.*

By ROBERT W. JOHNSON, A. B., M. D.,

Professor of the Principles and Practice of Surgery, Baltimore Medical College.

The peaceful calm of an Adirondack Sunday, placid as the surface of its mountain-girt lakes, was disturbed by the rude summons from our Chesterfield-like Dean to prepare the opening address to you, who have come among us for the approaching session. I said rude summons. You must not think that Dr. Streett could do a rude thing, but he can, with subtle compliment, so conceal the sting of penal servitude that, whether he is taking your last five dollars or rightfully telling you your delinquencies you never realize your penury nor your turpitude until the next day. Indeed, I nominate him now successor to Monsieur de Paris as soon as any vacancy in that agency for euthanasia occurs. So all that Sunday, as I looked out over the forest-clad hills that melt into royal purple at sunset, I said to myself, "That will be a pleasant duty, and it is only fair that I should so use my vacation when my colleagues are battling at home in the heat with new buildings and old bills." Gradually, however, it dawned upon me that here I am "like a pelican in the wilderness or an owl in the desert," dependent entirely on my predigested mental commissariat or innate wisdom to evolve an address in some way worthy of the occasion. The staff on which the writer leans so substantially, the quotation, with small marks in print but often omitted in *oratio recta*, was denied me. Nothing in book form, barring a Bible and Shakespeare, was in reach, and though one may convince the average jury by quoting from these literary gems, the audience before me demands more than the average jury, despite the claims of our lawyers.

Casting about, then, for the subject of my story, I thought of many topics I might discuss without the aid of outsiders, provided my say-so was all that would be required; for instance, there are such practical questions as the selection of a boarding-house. This was turned down for fear that Daniel might charge me corkage for infringing his rights. Another equally practical question was "Where can I get money for my medical tickets if I spend it all the first week in theatre tickets?" As I saw no answer to this I did not entertain it long. Again, I might have taken members of the Faculty and dissected them individually before you, showing clearly from their form and function that they are not as bad as they are painted, nor so good as they look, but the question is one I had no right to settle for you and it is a part of your mental gymnastics to diagnose and locate the soft side, the blind eye, the deaf ear of your teacher and carries with it its own reward as valuable as the absorption of knowledge from these springs at the fountain of learning. It was hard not to settle on this plan, it is so tempting to touch up a colleague a little, to show some little conceit or flaw that is not vital, but may be ridiculous and raise a laugh especially as I have just seen my method of diving being mimicked here, much to the satisfaction of other bathers and myself observing but unobserved, but I remember that I do not always make this address and the other fellow has a chance next year.

Taking a higher strain I might have delved into The History of Medicine and told you the glories of conquests we have made—about Galen, Hippocrates, Harvey, Morton, Pasteur, Lister; about ether and antisepsis—but some of you know something of these worthies and their discoveries now, and all of you must, so I determined not to anticipate when I could not give chapter, verse, or date a hundred miles from a library. Had I wished to prophesy instead of retrospecting, a lurid future loomed up in serum therapy, suggestion, specific remedies, panaceas, until earth becomes so blended with Heaven that one cannot see the line of demarcation between bodies celestial and bodies terrestrial. As you are all going to live in the future I do not propose to stultify myself by telling you what is going to happen, when you will see that it does not, any more than I will guess at a diagnosis in an abdominal case when I propose to do an exploratory incision.

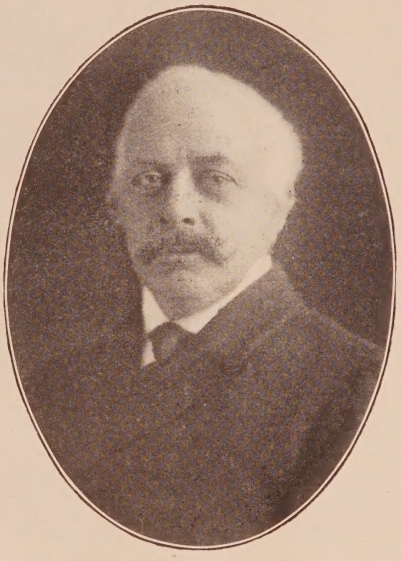
Thus by eliminatioh I am narrowed down to some topic that may interest and instruct and be more or less a personal picture of conditions presenting to the medical student's mind as he enters and proceeds along the beaten track so many have taken, yet which is ever fresh to the novitiate and should never be stale to his guide.

What then are some of the intellectual problems confronting the student of medicine at the entrance to his chosen profession, whether he come with hay-seed in his hair or the far more deleterious weed between his lips? One of the first problems is the temptation to give up too much time to some favorite subject or follow too zealously in the footsteps of some inspiring teacher. One man almost shudders at the sight of blood but delights in the irridescent changes he sees in the spectrum; one cannot see what pleasure there is in thumping a patient's chest, while the amœboid movement of the white corpuscle has personal charm. A's lectures are stupid and his subjects a bore, B's (perhaps not half so valuable) scintillate with wit and are full of charming anecdote. It is easy to calm your mental conscience by saying "I study just as hard as any man, but I spend my time on what I like. I shall know enough of the other branches to scrape through, but I don't care for them, they do not interest me." "My dear Doctor," as Dr. Streett would call you, you are too fresh in the business to know what is best for you. Curricula are not the mere result of haphazard convenience. They have a logical sequence—"first the blade, then the ear, after that the full corn in the ear." Not only so, but they are not the product of a single body of men or of one faculty. By comparsion with the best schools a schedule of study is made out and adapted to the general need, one that will give you a

*An address delivered to incoming classes, September 21, 1908.

broad foundation and a firm one to start on, one whose base will properly support the pinnacle of practice or the acme of investigation, presenting not an architectural curiosity like the leaning tower of Pisa but the solid structure of the pyramid of Cheops. So, young man, resist the temptation to lean too early toward a branch that interests you unduly. Later, if you find you are wedded to the idea, then you may follow your choice down the long vistas of investigation, away from the highroad of general knowledge but with bearings that will lead you back if astray. Virgil sang "Arma virumque cano," I sing of the arms and the man; you may be more attuned to the man than the arms. A teacher's first impulse is to make you think his branch is the most important, and is satisfied when you put in a good paper and answer his questions with intelligence; but the more catholic man would not have you shirk your other branches for his, knowing, as he does, that in the long run rotundity and not angularity is what you will need in your professional life. Let me therefore, my colleagues, as well as fellow students, urge you not to insist that your branch is alone the *sine qua non*.

This word of warning extends to all classes, but especially to the men of the fourth year, men who, with three years of study, begin to see the time when they shall leave the fostering care of their Alma Mater and embark in practice in the outside catch-as-catch-can world. One of their intellectual problems is, "Shall I take up the purly scientific side of medicine as exemplified in the laboratory, prepare myself for teaching pathology, or some other 'ology,' or shall I go now into practice general or special?" Of course, that is a point one must decide for one's self, for experience shows that we cannot serve two masters. We should hold to the one and despise the other. Don't let your decision warp your last year's course. It is only by association that men get to know the value of both sides of the question. Only in this way can the clinician appreciate the value of exact science, only in this way can the laboratorian recognize the difference between a test-tube and the human body or distinguish dog from man. So do not attempt to fix your future until at least you have gleaned the advantages of both by four years' religious devotion to the rounded course.



Prof. Robert W. Johnson

Now if this be true of such hard questions as that just stated, what must an experienced teacher feel when he hears the fledgling who has just earned his sheepskin (the only covering for his nakedness he has so far earned) state that he proposes to take up eye and ear or gynæcology or psychiatry as his specialty at once, when he has never attended a case of Bright's disease or treated pneumonia or done a laparotomy and knows nothing of the effects of constitutional disease on the very parts he proposes to specialize on. No, my enthusiastic but rash young colleague, do not specalize too soon, not until hospital experience or general practice has shown you practically what we and your books teach theoretically and clinically. In fact, you are, without this experience, ready for a verdict rendered by one of my children, aged five, who, discussing the relative merits of Harrison and Cleveland with her brother, aged six, said, "There's no use talking politics to me; you don't know a politic when you see it."

If such caution must be exercised about selecting a specialty, what can I say about a partner? This is not a purely intellectual problem, though I trust the intellect is not shut out. I mean, shall a medical student fall in love and marry? So seductive is the plea, so pleasant the occupation, so much to be said on both sides, for all the world loves a lover, so do I hate to merit in any degree the frown of disapproval from one fair Baltimore girl, whose reputation for charm is world-wide, that I almost hesitate to discuss the question as if there could be any other side but the right side, and yet, as one who was engaged as a medical student, married on graduation, and with thirty years of happiness to look back on and I trust as many more to look forward to, I am inclined to think that a single man will do better work than a Benedict whose attention is divided, evenings shared, perhaps his nights disturbed massaging Dr. Junior's abdomen, making an expert knowledge of paregoric and lime-water alone of materia medica. Perhaps I had better not forbid the bans, but take the coward's course of compromise and say, "He that is married or about to be, let him not look back, but he that is not, let him make love to Mistress Medicine until such time as he can see his way to provide for the 'mistress and the kid.' "

The kind of mind that prompts the young man to study medicine from the love of it, not as a pot-boiling trade, is a mind that is observant, a mind that loves investigation, not satisfied with an *ipse dixit*, but yearning for proof. "Veni vidi, vici" —"I came, I saw, I conquered"—is as much the watchword of the true student as it was Caesar's; but the greatest of these three is sight, or actual proof by the senses, whether with eye, or ear, or touch. Only with these assurances, or one of them at least, is the student satisfied. A *priori* reasoning gives place to the Baconian idea of experiment. Statistics (properly modified by the mental reservation that while figures don't lie, liars will figure) take the place of syllogism, and fallacy must be shown in multiples rather than in words, until, pushing the demand as their mind is nourished by protoplasm or their eye takes in only the field of the microscope and the irridescent facts of the test-tube, they become almost unwilling to assume that twice two make four and consider the proposition that in some other planet this axiom may not obtain. Such a mind, if not allowed to become cirrhotic by overstimulation of investigation or warped by the contracting grasp of a teacher with one or two fixed ideas, is the very kind of mind we need in medicine, one that can carefully weigh each fact, find its proper proportion, and in his deductions therefrom come at a true and righteous judgment; but we must exclaim against a man cooping his intelligence into a narrow lane. "The world's my cyster," shouted Monte Cristo, when he burst his chains, and shall we with infinite possibilities tucked away in that jewel-case, the skull, do away with, paralyze, deform, and kill the other attributes of mentality, the imagination, memory, artistic taste, sense of

humor, delight of poetry, the play of fiction, the ecstacy of love, human and divine, and make ourselves into slot-machines registering the tick-tack of the heart or the resonant snores of coma? No! our well-rounded man must give a generous recognition to qualities in himself and others, other than exactness, recognizing that, as human, we are fallible even along our chosen line of work, and all the more without drastic condemnation of men and measures of which we know but little. In all the furnishing of our mental palace we must let nothing crowd out the judgment-seat where, from time to time, the *ego* sits and takes stock, as it were, of the value and place of our acquirements. Were this atrium blocked with priceless treasures out of place, then the whole edifice would tumble to decay, because such furniture misplac- simply rubbish.

In our peering do not let us get short-sighted. Now one of the problems which each student faces, especially after his first year, when new wonders of cell life of which he never dreamed have been laid before him through the magic lenses or the kaleidoscopic changes of chemistry, is, "Does not this cell life account for all? Is not the chemical change the open sesame to the solution of the riddle of the universe?" "'I,' said the fly, 'with my little eye, I saw him die'" is the refrain in Cock Robin. So with the cock-sure student nowadays, with his little eye (oh, so little) he thinks he sees the death of systems and the decay of God. "What need I," says he, "of a Creator when I see matter transforming itself from chaos to crystal, from crystal into cell, from cell to organ and organ into man? Is not the old theology which I learned at my mother's knee (the greatest school of Divinity yet organized) obsolete? Beautiful and poetic thoughts, no doubt suited to the soft nature of women and dreamers, whether prophets or evangelists, but where do I see any hand that sways the ion or maintains the cycles of the atom? Does not science tell us, and tell us truly, that the laws of the Medes and Persians are vacillation itself compared to the fixedness of the laws that control and have controlled for millions of years the interchange of forces? Before the world was, or ever the earth and the sea were made, have not the same inflexible rules obtained, and does not the sun itself bear testimony to the immortality of gravitation and the perennial demand of combustion?"

Now I do not stand here as an advocate of any school of theology. I have personal preferences, but they are not so strong as to condemn others who do not think as I do or like the form of worship that I prefer. What I do stand for is a belief in a Creator, an Intelligent Being, by Whom laws were made and by Whose eternal power and will they are fulfilled. The rest of theology and religion, in its forms and variations, comes as a sequence according to the calibre and fibre of mind of the disciple, and there is a vast selection with all shades of faith. It is the business of the theologian, the pope, the parson, the minister, bishop, priest and deacon, to know his business and to place before you the details of his belief in so seductive and convincing a manner as to convert you, but it is not mine; I don't know enough medicine, let alone theology, so I do not propose to undertake it.

But I stand for a God because, independent of all other mental faculties and arguments from history or revelation, my reason compels me to accept Him. Whether we investigate the life history of a rock, extending back to the foundation of the world, or live with and investigate the life of a Gladstone, for my mental salvation, unless I wish to commit mental suicide, I am compelled to assume a great First Cause, and when I am so compelled I want a satisfactory one. Your atheist or your agnostic assumes chance or force or matter, which do not satisfy. Moreover, he must keep on assuming all along the line—he never stops; but once you accept the idea of an intelligent Creator, your assumption is done and the sequences are logical and in order. If we have to beg a question, let us do it once for all and beg a big one—not keep begging at every corner. Moreover, this First Cause not simply exists, but He is intelligent, as shown by His creations. The great argument of design is to my mind the sheet anchor of belief.

For you who are disposed to doubt, who, in your pride of newly found intellect, fancy you can do away with a Creator, let me recommend these two great books: "Butler's Analogy" and "Paley's Natural Theology." I think they should be made text-books in the first year, so that you who are entering the portals of medicine may doff your cap and bend your knee to the Author and Finisher of your race. In these great books the eye is taken as an example of divine design; with the sparse anatomical knowledge of those elder days so good an analogy between it and a watch is made that you cannot fail to see how necessary intelligence is to the making of each, and every new discovery of its adaptation to an end clinches a fresh argument in favor of its divine Designer.

If now we are compelled to assume a Creator of an organ like the eye, how much more compulsory is the assumption for his fœtus, the infant man. You who have studied embryology, have seen the development from a minute piece of protoplasm, differing in no respect but life from dead organic matter, have seen that development go on day by day, hour by hour, unknown in detail to the watchful mother or ambitious father, whose influence cannot fix its sex, or the color of a hair much less order any other details of its development—can you believe that such a wonder can be wrought by chance? Can you believe that the stately Lusitania, basking in the sun on the ocean's bosom, is any more the product of design than that baby boy basking in maternal smiles upon a mother's breast? You cannot, in fairness to your reason, though you never saw the builder, say the ship is the product of intelligent design, the child the fortuitous fruit of chance. Yet that ship cannot reproduce itself, but that boy may be the father of untold descendants without the co-operation of another human being save his wife. If this design is apparent in the cell and its million fellows, if this be true of the organ, if it be true of the individual, is it less apparent in the race and trend of nations and civilization?

But some enthusiastic microscopist may say, "These cells have selective power, reproduction, can in some instances live a more or less independent life outside the confines of the body they compose." Granted all—granted further that eons of time have been necessary to produce these results, and that millions of diversified environments have contributed to the outcome—can any rational human being fail to see the guiding hand of an intelligent mind that defies time back of it all?

Fancy the twenty-six letters of the alphabet endowed with power of reproduction and agglutination, so that each letter might attract its fellow indefinitely, does any man seriously believe that shaking them in an eternal urn would ever have "Paradise Lost" or Hamlet spontaneously produced, without the aid of Milton's or Shakespeare's direction? Yet these brain children of genius do not for a moment compare in mystery, movement, potential or kinetic energy with the brain of a mongrel dog, much less a man. He who is convinced of design does not fear what man can do to his belief. It matters not to him how many Darwins arise, how many Huxleys preach, Tyndalls write, Spencers and Hægels spin their webs of philosophy to catch the unsteadfast thinker, how natural selection may and does modify how survival of the fittest is a conservative truth, how development from protoplasm to genius may be traced step by step—all these but clench his argument and confirm his faith, and each new discovery adds one more link to his chain of evidence. Based

on a conviction which compels, his common sense, the *ego* in the mental judgment hall, fears not to multiply a million chances through a million years, convinced that man, the capstone of creation, is the product of divine intelligence and design.

As here in this great wilderness where I am writing now we see the everlasting hills gradually eroded by the pattering rain, rocks turned to dust and dust to mist again, slowly, surely, silently wending their way to the ceaseless sea through ages past and ages yet to come—so all questions involving the origin of life or problems perplexing us about eternity, all guesses at the *fons et origo*, as well as the terminus of our being, must gradually yield to the steady demand of reason and pass, like the hills, into the ocean of an Eternal Intelligence. The verdict will be, as it is now and ever has been, "The fool hath said in his heart, 'There is no God';" and Virgil's georgic, hallowed by Christian translation, shall still be chanted through all the corridors of time:

"Rise, crowned with light, imperial Salem, rise;
Exalt thy towering head and lift thine eyes;
See Heaven its sparkling portal wide display
And break upon thee in a flood of day.

"The sea shall waste, the sky to smoke decay,
Rocks fall to dust and mountains melt away;
But fixed His word, His saving power remains;
Thy realms shall last, thy own Messiah reigns."

PREVENTION OF "COLDS"

Hygiene of the Mouth, Nares, Pharynx, Intestine, Skin, Mucous Membrane in General; of Lymph Bodies and Lungs.—By Noble P. Barnes, M. D. (1893), Washington, D. C.—Section IV., International Congress on Tuberculosis.

If attending to seemingly little things, things frequently neglected and things approaching Godliness, is important, then hygiene of the mucous membranes must be regarded as a consequential requisite in the prevention and cure of disease.

In the first instance, a mucous membrane, to be clean and healthy, must have free drainage. Therefore in the very beginning, the adenoid vegetations and the enlarged tonsils, that are present in a majority of tuberculous children, must be promptly and completely removed.

The frequently performed tonsilotomy may to a degree, relieve obstruction, but the decapitated tonsil becomes the submerged, partly concealed old fort, that harbors various organisms and affords an open path for the the invasion of the tubercle bacillus. Nothing short of enucleation of this degenerated and diseased structure will permit of developing a healthy mucosa at that point; and only by complete adenectomy and tonsilectomy will the turbinates be reduced to their normal size, the free drainage of the nasal mucosa be established and proper breathing maintained. Only by free drainage and free air space in the nasal cavity can we hope for relief and cure of ear disturbances, recovery of diseased pulmonary and gastro-intestinal mucous membranes, or arrest and non-recurrence of a tuberculous process.

Having observed these first measures, the upper air passage will usually take care of itself, unless there is a deflected septum, bony spurs, polypi or chronically enlarged turbinates that require additional operative measures. If the mucosa is thickened, the employment of a mild alkaline antiseptic solution, followed by mentholated alboline, will assist in effecting a healthy condition.

Laryngoscopic examinations should be made when possible, as a local infection may thus be discovered that might be the prime cause of the cough and hemoptysis. In the event of actual lesion, the usual local treatment plus rest to involved structures is imperative. In simple catarrhal conditions, nebulization with aromatic, antiseptic oils, blended to produce a pleasant and soothing effect, is of undoubted value.

The rising toilet for all individuals who possess sensitive mucous membranes, and those inhaling city dust, should in the employment of a non-irritating nasal douche and cold-water gargle, following the usual soap and brush to the teeth, and gradually cooling shower baths. A free change of air in the lungs is next in order, the method depending upon the physical condition; and lastly, inhalations for five or ten minutes of mentholated, aromatic oils. During this time much of the mucous collected in the larynx, trachea and bronchi will be expelled. This means better appetite, better digestion and less nausea from mucous lifting after breakfast. Besides these local measures, the one drug, where it is not contraindicated, that will assist in promoting a healthy condition of the respiratory mucosa is iron iodide, given in small, tonic, rather than alterative, doses.

An active inflammatory process in any location demands rest of the affected part, and in no instance is it more needed than in a lung involved in an acute tubercular invasion. Here lung stretching by exercise or by high altitude will not only prevent healing and scarring, interfere with the formation of a protective membrane to institute caseation and calcification, but favors further invasion of lung tissue and induces hemoptysis.

After the inflammation has subsided and the disease is quiescent, gradual expanding of the lung should be attempted, always under the direction of a competent observer. Physical training will yield excellent results if judiciously applied. Removal to a stimulating climate may benefit lighter forms of the disease, but overexercise or overwork may result in impairment of both lung and body.

In practicing lung gymnastics two precautions should be observed: (1) Never expand the chest beyond the degree of comfort for fear of tearing open old wounds or rupturing air cells, the latter condition in itself being followed by infection, as witnessed in many athletes. (2) Expel the air through the nose instead of the mouth or puckered lips, as taught by most teachers of physical culture, because the turbinates are cooled by inhalation, warmed by exhalation and dust caught upon the nasal hair and mucous membrane will be blown out instead of drawn further in.

Only second in importance is the mucous membrane of the digestive tract, and in some instances it takes first place. As a route for tubercular invasion it is quite as common in infants and young children, as is shown in recent experiments. Besides the organisms that may be carried to the mouth by infected food and constant application of unclean hands and toys, the bovine tubercle bacillus, in its pathogenicity to children, is to-day a proven fact. Hess, in reviewing the cases of primary mesenteric-gland tuberculosis, in which the type of bacillus has been differentiated, demonstrated over 60 per cent. to have been caused by the bovine type. Among children this type greatly prevailed, whereas in adults the majority of infections were with the human variety. There is strong evidence that these organisms are as similar as different families of the human race, only changed by environment. In this event most tubercular infection must occur during the milk-feeding age.

Certainly the only rational method of keeping the digestive tract clean is to prevent the introduction of infection. We can Pasteurize and kill the organisms in milk, preferably by a pro-

cess of lower temperature and aeration, or rear a breed of cattle immune to tuberculous disease, as suggested by Gunn. We can give sterile animal broths and other foods we know to be clean. But all this is "love's labor lost" unless we can prevent the numberless methods of infection that come from a lack of correcting the little things.

The abominable pacifer, rubber or rag, is in the nurse's mouth, then in the baby's, then on the floor and again in the baby's mouth. In this cycle the child can get several thousand organisms. Further, these articles to suck upon deform the mouth and palate, keep up a constant hyperæmia, congest the postnasal and tonsillar glands, and, lastly, create a habit of having something in the mouth so that by the time the child is old enough to walk, and up until school life, everything from strings to pennies finds a resting-place in the mouth, usually accompained by one or more dirty fingers. From school life on this habit continues in the form of gum-chewing, all-day suckers, pencil-wetting and nail-nibbling.

When we are confronted with an infected digestive mucosa, we must depend upon the hydrochloric acid of the stomach to a great measure. If it is deficient we must supply it. This acid is nature's antiseptic for the stomach and stimulates the flow of nature's intestinal antiseptic, the bile. Internal antiseptics should be administered to these cases as well as to those who are too young to keep the secretions of the respiratory membrane from slipping into the stomach.

Another evidence of neglecting little things in the growing child is the lack of attention to the teeth. Practically all children, for a considerable period, absorb into their lymph channels and carry into their stomachs hosts of organisms from decaying teeth that should be cleansed and filled, or extracted. The popular mind must be disabused of the idea that the first teeth can not be disturbed for fear of interfering with the second set.

There is just one thing to do with tuberculous lymph nodes when they can be reached: prompt and complete removal of the chain. Seventy-five per cent of schoolchildren will exhibit enlarged lymphatics due to excessive metabolism, but these can be reduced by diet, hygiene and proper medication. Sodium salicylate and iron iodide are appropriate remedies.

Wildre states that "The earlier statistics as to frequency of tuberculosis of the eye must be regarded as rather misleading;" as Groenouw suggests, "with a growing knowledge of the subject, the number of cases of tuberculosis of the eye is naturally increasing. Brajeski holds 10 per cent. of cases of parenchymatous keratitis are tuberculous. Diez estimates the percentage as high as 50. Haas claims as high as 50 per cent. of all cases of iritis are tuberculous. Many observes, like Greef, Mickel and others find by histologic examination evidence of tubercles in the uveal tract that was not apparent during life." This suggests the need of the prophylactic eye toilet that can be carried out with the usual morning and evening toilet and consists of non-irritating antiseptic lotions applied with the convenient eye-cup.

Ear infection is usually from within, being an extension of inflammation from the nasal cavity, due to lack of drainage and air space. Relieving this condition as suggested, and with cleanliness in the external auditory canal, we will avoid trouble from this source. Examination of the infant's ear should be routine. Disturbances here may cause the careless observer to overlook the beginning otitis and treat the baby for most anything from colic and bronchitis to perverted disposition and meningitis.

To do these things that have been enumerated, to keep the mucous membranes clean and healthy, means, in itself, one of the first steps in preventing the so-called "taking cold." The expression "catching cold," "cold in the head, chest or back" mean nothing to the trained mind. If the mucous membranes are free, open, well-drained and healthy, there will be no army of organisms waiting for a lowering of resistance by exposure to atmospheric changes, fatigue or hunger to operate in the production of a rhinitis, bronchitis, tonsilitis or rheumatism.

In addition to the hygienic measures mentioned we can assist in establishing a considerable degree of resistance by proper bathing. The usual hot bath must be discontinued. The tepid, gradually cooling shower, accompanied by friction, should be adopted, the temperature depending upon the individual case, and lowered only to the point of getting good reaction.

In short, measures to be instituted for the "prevention of colds" are as follows: Proper hygiene of the skin and mucous surfaces; proper hygiene in diet and living; avoiding fatigue, long hunger, mufflers and chest protectors; avoiding dust and poorly ventilated places. Churches, theatres and even schools are often filled with hot, germ-laden air; and the truant, though regarded as a bad boy, must be credited with good sense in preferring the open air, for no exercise in the play park can overcome the injury from studying in foul-aired schoolrooms or sleeping in closed apartments. Nor can fresh air and good food overcome disease caused by defect.

The hygiene that should be taught in the schools today is not alone that about the effect of tobacco and alcohol, but also that the avenues to infectious diseases are through the skin and mucous membranes and they must be kept clean and healthy.

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NEW COLLEGE BUILDING

It is with great pleasure and pride that we announce the erection of a large new building by the Faculty of the Baltimore Medical College. The building will be one of the most modern of its kind, not only from an architecturalstandpoint, but also, a more important consideration, from the standpoint of equipment.

This does not make a new epoch in the history of the school but is just the natural sequence of the untiring efforts of the Faculty to produce and maintain a high-standard medical school. The school has made rapid strides since the first small building on Howard Street, until now it has a group of large well-equipped buildings which entitle it to be placed among the first schools of the country.

The new building will consist of four stories and basement, the dimensions of which will be 46 ft. wide by 64 ft. long. The front will be of red wire-cut brick, trimmed with Indiana limestone, in the center of which will be an imposing doorway, also of Indiana limestone.

On the first floor there will be a large, well-lighted hall 10 ft. in width, which will run clear through the building. On either side of the hall will be a large lecture hall, with a capacity for 300 students. These halls will be used by the Medical and Dental Departments.

The second floor will consist of one large lecture-room, of the same dimensions as those on the first floor, a large library and a number of law offices adjoining the library. This floor will be used almost exclusively for the Law Department. The libraries at present will consist chiefly of law literature, and later medical literature will be added, and

(Continued to page 10.)

ETHICS IN PROFESSION*.

By D. K. Yoosuf, M. D., of Worcester, Mass.

"Ethics relates to morality and a system of principles and rules of duty." It deals with moral principles, medical practice, medical jurisprudence, insanity, criminal abortion, venereal diseases and excesses, professional rights and a physician's duties to himself, his patients, his community, his fellow brothers and his State. I will speak on only a few points and will pass over the remainder, as the subject is broad and important. I am afraid you will get tired before I am through. It is not my intention to burden your mind while enjoying a pleasant repast.

Although man is born with will-power, he is not responsible for all his acts, except those which he performs by his own free will. This is called human act. A brute can perform such acts merely through impulse. With man it is different. If a man under the influence of a violent pain sighs or cries, it is an act of man, but not a wilful act, neither is the man under the influence of an anæsthetic responsible for his action, but when under peculiar influence the man loses the control of his will-power and commits crime, then it is the duty of some one to show him his mistake. Ethics in medical practice, gentlemen, is this: To guard against and prevent the many human acts which may be highly criminal, of which, however, the laws and courts take no notice; also those men who, though they may be full of vice, yet so long as their actions do not disturb the public peace are free men, whose very actions injure themselves and make them a burden to humanity. We are responsible to both man and God for the actions of some of these men.

Duty to Humanity.

Sexual passion and excitement before the body has attained its full development is injurious, and unnatural indulgence in the passion is a deplorable condition among young people; and, with an apology, I would say that if many physicians had not overlooked such evil practice, many thousands of patients might have been saved from mental and physical suffering. Though it is a delicate subject to approach, it is important that medical practitioners enter into the matter with scientific method. Though passionate cravings are natural to mankind, they need regulation when they are indulged in immoderately and in unnatural manners. To this cause we may attribute a large percentage of moral degenerates filling our asylums and walking in society. Venereal diseases and excesses undermine the vigor of the constitution, bring bodily infirmities, exhaust the nervous system, degrade the mind and prepare the victim for an early grave. Here is the question which comes to every physician: what to do to prevent young people from such an affection. The first need is to give them the correct knowledge of the subject and strong conviction of the wrong they are committing without scaring or frightening them. Teach them to keep the mind clear and undisturbed by passion; help them to reason and become dignified men and women. Young people have neither experience nor information. They must be told authoritatively the wrong and guided out of danger with a strong hand. In early childhood the mother is the best guide, and her place is taken later by the physician.

Dr. H. Fournier says there is not a vice more fatal to the conservation of man than "masturbation." This unfortunate habit attacks little boys and girls sometimes through depraved companions or nurses. When this morbid passion gets control of a person, writes an experienced practitioner, "it is as though an unclean spirit has entered into the person, subdued the will, weakened the moral forces, enfeebled the intellectual faculties, lessened the power to resist temptation. Even while the intellect is still clear and the sense of wrong keen, the individual is a slave to this morbid impulse."

Still more serious questions come to the dominion of the duties of the practicing physician. It is a matter of great importance, when men like President Roosevelt and President Elliot, realizing the gravity thereof, speak louder and in stronger language of the decrease of the number of children in American families. Dr. Walter Lindley, professor of gynecology in the University of Southern California, writes more forcibly of this matter than I can, so I will quote him (from the N. Y. Medical Journal of August 17, page 211): "The obstetrician finds his vocation disappearing among the American women. It is a fact that the American family with more than one or two children is the exception. From some of the records of six generations of families in some New England towns it was found the first generation had an average of between eight and ten children, and the next three generations averaged about seven to each family, and the present generation is not doing as well. In Massachusetts the average family numbers less than three persons. In 1885 the census of Massachusetts disclosed the fact that 71.28 per cent. of the population of that State were childless. A large proportion of the young American women who marry do it with the determination that they will have no children. They are abetted in this notion even by many elderly women. The home, the press, the schoolroom and the pulpit should be centers for reviving ancient ideas of the nobility of motherhood. The physician should not underestimate his influence by constantly bearing in mind the dangers of the present tendency. He can do much to change the current. Let us hope that we shall again see the day when thoughtful motherhood shall be considered the highest function of womanhood and to shirk this natural duty will be deemed a disgrace.

Malpractice.

Abortion.—It is not my purpose on such an occasion to discuss in detail the embryonic formations and some of the opinions and theories relating thereto. We all know, and it has been proven, that from the day conception begins, there begins life also. At present there is no authority in this country or abroad that can deny that there is no life from the first week of pregnancy. Physicians worthy of their noble calling should strive to remove such a gross and mischievous ignorance.

There are occasions upon which a physician is justified in bringing about an abortion after careful study and consultation. When, however, a physician pollutes himself by performing abortion for the sake of glittering gold, there should be no line of demarcation. There is a duty we owe to the State and to humanity which we should promptly exercise. Dr. Hodge, of Philadelphia, lecturing on obstetrics to the medical students of the University of Pennsylvania, said: "We blush while we record the fact, that in this country, in our cities and towns, where literature, science, morality and Christianity are supposed to have so much influence, where all the domestic and social virtues are reported as being in full and delightful exercise, there exist individuals, male and female, who are continually staining their hands and their consciences in the blood of unborn infants. Yes, there are medical men to be found who, for some trifling pecuniary recompense, will poison the fountain of life or forcibly induce labor to the certain destruction of the fœtus and not infrequently the mother."

*Speech delivered before the New England Alumni of Baltimore Medical College on June 10, 1908, at Boston, Mass.

Quackery.

Medical men are facing another great evil which has been sweeping over the land and defying the honesty of the medical profession and the safety of the community. The evil of which we speak is the quackery and secret nostrum evil. Its influence has been so great and the methods of its promoters have been so objectionable that both medical men and laity have started a crusade against these charlatans. Though it has not been a complete and satisfactory victory, it nevertheless is a good beginning.

Take any newspaper or magazine and you will find advertisements concerning diseases, whether curable or not, with full guarantees and promises of saving the sufferers from these maladies. Thousands of pamphlets are distributed among the laity with horrible and frightful descriptions of diseases, with cuts of different organs of the body, and soliciting treatment, with no other alternative given than that of death or permanent invalidism. Many young men, reading these, get alarmed and seek relief, regardless of cost or time, and some of them become hypochondriacs and total wrecks. There can be no greater duty for professional men than to save the public from the claws of an advertised institution or individual. It is time for physicians to educate the public against quackery, and prosecute them, if there is a possibility, by legal methods.

Secret Nostrum.—The last few years this question has been brought before medical men as well as the public. Collier's and the Ladies' Home Journal, with able articles, have exposed the so-called secret nostrums and cautioned the dommunity against their use. The Journal of the American Medical Association, as well as others, has done effective work and forced the manufacturers to give formulæ. The agitation brought up by the pure food law is not adequate. Preparations from Germany, and many from the factories of different cities, are pouring into the market, and often the office and the cabinet of the physician are full of samples. Some physicians are encouraging companies by prescribing their product and recovering some compensation for their services.

The Physician's Rights and Duties.

The medical profession is not a mere business to accumulate fortune, nor is it a means for the attainment of self-glory. The purpose of the medical profession is to relieve human suffering and preserve human life. To live in this world exempt from suffering and pain is a great blessing, and a physician who works for this end is one of whom the world speaks reverently. Humanity offers a shrine for a martyr who does his duty with the hope of eternal blessing and happiness. There is nothing good without health, and it is for this end that the physician works, as he thinks that all the pleasure and success depends upon this. Any man entering the medical profession binds himself to give his best for the good of his fellow men. In such a time as this, when competition is great and rivalry is acute, there is a tendency to a mercenary spirit. There are among medical men some who study medicine purely from a sordid motive. Thus they display little conscience and a great effort for making the dollar.

Professional duty and the welfare of the patient is another question. There are two evils to be avoided, both of which spring from the same source and both of which have a debasing influence upon the profession. One is that a mercenary practitioner attempts to gain success at the expense of his fellow practitioner, by telling the patient and his family that the other physician is not able to make a living, that the medical school from which he has graduated is not at all recognized, and numerous other little mean things. Especially during consultation, many elder practitioners treat their younger brother with contempt, and instead of encouraging him in his arduous duties and giving him a just amount of consideration, bear themselves before the patient and his household in such a manner that they lower the reputation of the young physician and cause the patient to lose confidence in him. The great principle in medical ethics, in such a case, is to do as much good as possible to the patient with as little injury as possible to the attending physician. True, ethical specialists will not reflect a shadow by word, look or action upon the conduct of the general practitioner. If there is a difference of opinion, and disapproval of the treatment, this should not go beyond the walls of the consultation room. The esteem of the world will follow mutual brotherhood; and as discord and strife are unworthy of medical science, harmony and honesty should be the symbol of professional intercourse. Any physician who hopes to raise himself to a higher standard by unworthy means will find himself a failure in the end.

Another important duty in consultation is punctuality. Dr. Bailies used to say, "I consider it not only a professional, but a moral duty, to meet punctually my professional brother of any rank. My equal has a right to much of my respect, and I should shudder at the apprehension of lessening a junior practitioner in the eyes of his patient by not keeping an appointment with him."

"Gently scar your brother man," said Burns. Never begin making reprovals, nor enter into wordy war with a rival.

One of the reasons that medical schools demand higher education is to prepare better men, so they may be able to perform their duty more masterfully in their community. Education is the keynote of higher purpose, and a physician should give his time to educating the public respecting any disease which could be prevented by timely knowledge of the infecting cause. We need an "enlightened public" and well educated physicians to help educate the public.

Another means by which physicians bring discredit to themselves and the profession is that of extreme charges. If the practice of medicine were a mere traffic to bring gold and silver to the pockets of the doctors, then we should not look for ethics and morality.

With full understanding of the purpose of the profession, there are other requirements to fulfill. It is absolutely necessary for a physician to be familiar with natural and physical sciences. The public not only look upon a physician as a practitioner, but also expect him to have a general knowledge of all learning. The physician, from the very nature of his calling, must be a public character. He must know the past historical deeds and characters, the opinions that have influenced the destinies of humanity, the literary men, philosophers, and men of art. He must not be ignorant of existing conditions in the world, the rules of the government and international relations; must have an interest in agriculture, manufacturing and commerce, and gross ignorance about such important subjects is considered absolute neglect.

In diagnostic investigation something more than a knowledge of disease and medicine is necessary. It is often important to go deep to find the conditions and the influences under which the patient is suffering; without mental culture and preception the art of healing will fail. The respect and confidence of the patient is a great fact or to the practitioner's carrying out his plans of treatment. I hope you will not misunderstand my remarks and forsake your professional study, as medicine is a jealous mistress and will not tolerate giving of one's entire attention to others.

(To be continued.)

(Continued from page 8.)

it is hoped that in the near future we will have a first-class, medical library.

The third floor has been designed for two large laboratories for histology and pathology, respectively. These laboratories will be well equipped in every particular, and have exceptionally good light, both receiving light from two sides. An excellent storeroom will also be built on this floor for the convenience of the students.

The fourth floor will be one large chemical laboratory, the dimensions of which will be 46x46 ft. Ventilation, light and heat have been considered in detail.

In the basement there will be a large steam-heating plant, excellent lavatory and baths. A room with the dimensions of 34x64 ft. is being fitted up for a gymnasium.

This building will connect in the rear with the old laboratory building now standing, which contains two large rooms measuring 25x75 ft. The entire place will be lighted by electricity and gas and heated by steam.

This is the fourth large building erected by the Faculty and will cost about $60,000, making a total of about $300,000 invested in buildings, which have been constantly improved. The present building will represent the front of larger buildings, which must in a few years be built to extend back from the present one. The extension would mean an addition of about 119 ft.

The old histological laboratory is occupied by three roomy, well lighted operating rooms and two new dressing-rooms. The old chemical laboratory will be remodeled into two large wards for colored patients. This leaves but one lecture hall and the old clinical amphitheatre for the use of students We hope to see the time when, by other changes, the lecture hall will be eliminated and we shall have one large hospital with a clinical amphitheatre.

Such news as this should delight all the Alumni and encourage us to give our Alma Mater heartier and more zealous support than ever. Every man should make an effort to come to the annual meeting next spring to see what is being done around the old Alma Mater.

Y. M. C. A.

Announcement

The Y. M. C. A. of the B. M. C. extends a cordial greeting to all our students.

We have secured the front parlor at 849 Hamilton Terrace. The daily papers and leading magazines will be found on the reading tables. The plan followed for meetings will be the same as last year, the organization of individual groups for Bible study. We will also endeavor to have a general meeting at least once a month, to which all students are invited and requested to be present. At these times there will be a lecture, address, or something especially worth hearing from a member of the Faculty or other interesting personage. These meetings will be designed for the furtherance of good fellowship to all.

In regard to rates, the college dues are one dollar per year. Take your ticket down to Central, and by paying five dollars more you will receive a full-membership ticket, entitling the holder to full privileges.

The new building, corner of Franklin and Cathedral Streets, will be opened on or about October 15. This building cost $627,000, and is one of the finest in the country.

Reception

After a short prayer by Mr. Minor, acting intercollegiate secratary, the opening reception of the Y. M. C. A. was held October 9 in the Dental Infirmary.

Mr. Morriss, general secretary of the Y. M. C. A., gave the word of welcome to all. Dr. Benham, of Central Presbyterian Church, then gave a short address, proving himself as genial as he looks. Although he led up very gently, no one could mistake his meaning that he stood for higher ideals, cleaner minds, cleaner bodies, and cleaner living.

Dr. Rowland, of our Faculty, then sounded the keynote of the evening. In substance, he wanted the men above all other things to be men. To do this he pointed out that it required something above an ideal of the flesh.

Music and refreshments were enjoyed by all. A goodly number were present and they all seemed to think the time well spent.

Next month we are to have an illustrated lecture on Norway by Dr. Benham. All are especially invited.

ALUMNI MEETING

The North Carolina Association held a meeting on June 17, 1908, at the Vindendorf Hotel at Winston-Salem, N. C. Although the President, Dr. Templeton, was unable to be present, it was otherwise well attended. Dr. J. K. B. Seegar represented the mother association, and reports an energetic and enthusiastic society. The meeting unanimously voted to send a telegram thanking the home association for the able representative sent them.

The report of the proceedings has not been submitted, but will be published as soon as received.

The New England Society held a meeting at Boston, Mass., on June 10, 1908. The home association regrets very much not being able to send a representative.

With the great number of our graduates in West Virginia, it looks like a matter of neglect not to see a flourishing society in this rapidly advancing State. Let us hear from the West Virginia men, and be able to report a well-attended meeting in the near future. Any effort on the part of our Alumni in any part of the country will receive our hearty co-operation and support.

Personals or letters about or from our Alumni are received and published with great pleasure.

SOPHMORE-FRESHMAN CLASS RUSH

The class rush on the opening night was one of the most spectacular that ever took place at our school. The Sophomores, as usual, had possession of the stairway leading to the lecture-hall. It was the Freshmen's part to charge the "Sophs" and gain admittance. The Freshmen, although greatly outnumbered, took their stand and made a brave charge. The rush was on, and the noise and tumult of the contest could be heard several blocks away. Sometimes the Freshmen would get a man to the head of the steps only to have him thrown violently down again, usually pulling several "Sophs" with him. At other times some unlucky "Soph" would be dragged through the mass of scuffling humanity and separated from his class. But finally, after varying successes and reverses [and after telephoning to police headquarters for reinforcements,] the Freshmen rejuvenated the drooping spirits of their sturdy [and official] crew and charged the steps, this time carrying their colors through, and thus gaining the day.

BASKET-BALL

Every one interested in things athletic at B. M. C. will recall the invincible basket-ball team of last year. We are all glad to announce that the same team is here this year, with the addition of some good men from the Freshman class, who will make the team stronger. Manager Maslon informs us that he has a good schedule arranged, some of the games with U. of P., Georgetown University and Annapolis. A game with Princeton is pending. Such a team and management merit the support of the school. Practice begins soon at Richmond Market Armory. The full schedule will be published later.

The ALUMNI-TRIANGLE

The Best of Everything and Plenty of It

Application to enter **The Alumni-Triangle** as second-class matter is pending at the Postoffice at Baltimore, Md.

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Students are requested to patronize **Alumni-Triangle** advertisers.

The Business Manager's office is located at 1139 Bolton St., where all business communications, subscriptions and advertising contracts should be sent.

All alumni articles for publication, literary communications, etc., should be sent to the editor, Hale Thorp, Md.

Vol. 4 October, 1908 No. 1

Editorial

An Explanation and a Request

In reply to several inquiries from the Alumni of Baltimore Medical College as to what has become of the Alumni Journal, we wish to make this explanation. The Journal is not a dead letter, as some think, but is more alive today than ever before, published as THE ALUMNI-TRIANGLE.

In November, 1907, The Alumni Journal and The Triangle, a monthly periodical founded and published by the students of the College, were combined, and now exist as THE ALUMNI-TRIANGLE. As this is the only publication of the College, it is a sure and reliable means for keeping in touch with Alma Mater. Our motto, "The best of everything and plenty of it," has been faithfully lived up to, and we intend to give our subscribers not only a liberal quantity of material, but also material of a selected quality.

The College is making rapid strides toward leadership among medical colleges. To say "I am a graduate of that school" will in the near future be something to be more than ever proud of. Every graduate should keep pace with his college, and to do this he must keep in touch with her progress. Subscribe for THE ALUMNI-TRIANGLE, and then you will know just how fast we are advancing.

Greeting

With this the first issue of THE TRIANGLE for '08-'09 we usher in the fourth year of its publication. In so doing we take advantage of a pleasurable opportunity to extend to you our cordial greeting and hearty expression of goodwill.

We are confident that during the past three years THE TRIANGLE has presented an abundance of excellent material for little money. The high standard hitherto maintained we propose to uphold and shall endeavor to make the publication as instructive and newsy as possible. We intend to make it more than ever before the organ of the student-body, and to this end the liberal support and hearty co-operation of every student is indispensable. We invite the various organizations of the College to furnish live reports of their activities and we urge every student to feel free to send in for publication any pun, probe, poem, or other original article. Only thus can we hope to make THE TRIANGLE in the fullest sense representative of the student-body.

"The Hobbies of Physicians"

An editorial in The American Medical Association Journal of September 5, 1908, on "The Hobbies of Physicians" so throughly impressed us with its truth and wisdom that we take this opportunity to reprint an abstract of it. While it has absolutely nothing to do with scientific medicine, yet we think it is so good that we would urge all our readers to look up this number of the Journal and read the editorial in full.

Speaking of hobbies apart from medicine, the editor of the Journal says they should be developed by the physician during his virile years; so that in the afternoon and evening of his life they will sustain and comfort him, and provide such light interest and occupation as are essential to habit. As examples of such fads and hobbies from the varied walks of life, he cites Salisbury, who knew much of electricity, as did Gladstone of Homer, Chamberlain orchids, etc. He says many among our colleagues are excellent performers on musical instruments, and are the better surgeons and physicians for their genial and humanizing accomplishments, all the better qualified to comprehend the suffering they must alleviate. He further says that to have a hobby of any sort, one need not be a producer or originator; to be an appreciator will be all-sufficient. A task of literature is one of the greatest sureties of a happy old age. He tells of a man who, having read but one of Thackery's books, deliberately refused to read any of the others, reserving for his later years substance so productive of quiet pleasure.

"Do not," says Osler, "become so deeply absorbed in your profession as to exclude all outside interests." He admonishes us all to have an outside hobby.

When tired of anatomy, refresh your minds with Holmes, Keats, Shelley or Shakespeare.

He closes his editorial by saying that to the works of the above-mentioned may well be added the works of our fellow professionals, Oliver Goldsmith, Sir Thomas Brown, Weir Mitchell and Sir James Paget. | *W. D. Olmstead.*

Football Practice Begun

On Friday, October 7, the first practice of the B. M. C. football squad was held on the Patterson Park gridiron, which has been engaged by the Athletic Association for this fall. Not many men reported at first; but each day has seen new faces on the field, and it is desired that every man who desires to play football shall come out at once and help make a team which will be an honor to our College.

A very competent coach has been secured to give the best instruction to all the candidates, and Dr. Bryce, a former B. M. C. star, with Captain Leslie, will always be on the field to coach for all positions. Every man will be given a fair show; and the men who, in the opinion of the coaches, seem to show up best, will make up the first team. Not every man can expect to make the first team, as but eleven places are available, but every man can do his best, and if he does not make the first team, or even the first substitute in the position for which he is trying, he is helping the 'varsity to win its games and is gaining much football knowledge that will be a great help to him in next year's try-out.

There are quite a few good men who think, or try to think, they cannot come out for practice on account of their subjects. There may be some who have the best of reasons; but most of these men can, if they will, come out and help the team win its games. A man shows mighty poor college spirit when he states, as his reason for not playing, that he can't make the first team. The 'varsity must have scrimmage work and plenty of it; and unless every man who possibly can reports for practice, the first team will be at a great disadvantage and will lose many games.

Come on fellows! Show your spirit. Inconvenience yourself a little. The team will greatly appreciate your endeavors; the student-body will honor you; and the Faculties, who are willing to support good, clean football, will stand by you. Let every man do his best, and B. M. C. will have a team that will be an honor to the College and a source of pleasure to every student.

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Georgetown vs. B. M. C.

With but three days' practice, the B. M. C. football team played the strong Georgetown University aggregation at Washington on October 10. Although B. M. C. was defeated, she suffered no disgrace, and she is to be commended for her nerve and courage in playing so strong an opposing team with a squad which practically had no practice and included quite a few new players. When the football schedule was made out, it was expected that practice would commence by September 28. The fellows were late in getting started; but rather than break its schedule, the team fulfilled its agreement and suffered a glorious defeat.

A large squad was taken to Washington for the game, and Manager Roddy treated the fellows in a fine manner.

⚜

An Appeal

Now that we are entering upon a new year, let us all put our shoulder to the wheel and do plenty of good, hard, work, from the beginning of the term until the last examination is completed; and when we lay down our text-book and pencil with a sigh, we shall feel as if we have made at least a worthy effort.

It is well to be reminded that good, continuous study will accomplish at least three requisites of the student. First, it will enable him to pass in a creditable set of examination papers. Second, it will prepare him to make a creditable showing with the various state boards of examiners. Third, he will have a good general knowledge of the various branches and thereby form a concrete groundwork for his future professional career.

Quite a number of men pave their fall course and first semester with good intentions, then go home for the holidays and wonder what they have been doing and where the time has gone. The second semester then necessarily consists of a nerve-racking half year of cramming, during which time they obtain a smattering of their studies, which they will offer to their instructor for a passing mark.

Such study makes each sucessive year harder instead of easier and more interesting, for the very evident reason that the man has no foundation upon which to place his higher studies. This statement holds good for the graduates as well as the undergraduates. No one can grasp the facts of opsonotherapy, serum therapy, psychotherapy, or, in fact, any of the progressing branches of medicine, unless he keeps in constant touch with them. The public recognize the value of new scientific methods and require a physician to know them.

⚜

Football Notice

Every man who has not reported for football practice, and who wishes to play, should report immediately to Mr. Roddy, the manager, or to Mr. Barrett, assistant manager, and he will be given the necessary paraphernalia and instruction.

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PERSONALS

A. F. Leboeuf, '08, is engaged in practice at Athol, Mass.

S. J. Titus, '08, is engaged in practice at Point Manoir, Pa.

M. E. Hagerty, '08, is resident physician in a St. Louis hospital.

W. H. Wolcott, '08, is at Gales' Ferry, Conn., doing special work.

Robert Burns, '08, is resident physician at Holyoke Hospital, Holyoke, Mass.

A. G. Reed, '08, is resident physician in the Howard County Hospital, Providence.

J. V. Clarkin, '08, is resident physician at South Baltimore Eye and Ear Infirmary.

Napoleon Bisson, '07, of last year's staff, M. G. H., is engaged in practice at Waterville, Me.

Dr. T. B. Cavins, '04, former resident M. G. H., recently spent two weeks in Baltimore.

I. M. McLean, '07, one of last year's house staff, has received a government appointment at Panama.

DeWitt Bull, '07, resident obstetrician at M. G. H., 1907-08, has opened an office on Lafayette and Fulton Aves., Baltimore, Md.

Dr. J. H. Stanffer, '04, is specializing in genito-urinary work, with offices at Monument Street and Park Ave., Baltimore, Md

Dr. Merritt Brice, '07, who was resident obstetrician at the Maryland General Hospital the past year, is located on N. Fulton Ave., Baltimore.

F. V. Beitler, '06, has recently been appointed assistant bacteriologist to the Baltimore Health Department. The city is to be congratulated on securing such an excellent man.

The following members of the class of 1908 were appointed resident physicians at St. Joseph's Hospital, Baltimore, Md.: E. G. MacFarland, E. G. Hall, J. F. Coughlin, H. E. Wilkinson, F. Downing.

Stanton Trimble, '08, has recently resigned his position in the chemical laboratory to take up practice in Basalt, Col., where he has secured the appointment of surgeon to a new railroad running through that town.

It is reported that Dr. W. E. Byers, '04, has purchased a house in the vicinity of Harlem Park. The Doctor is vere modest, and nothing definite can be learned, but it sounds like wedding bells in the very near future. (Later—The forecast was correct; the bells have already rung. Congratulations.)

Dr. Arthur P. Herring, graduate of the Balimore Medical College, has lately been appointed secretary to the Maryland State Lunacy Commission. He has also been appointed neurologist to the College of Physicians and Surgeons of Baltimore Md.

Dr. Emil Novak has lately been appointed consulting gynæcologist to the hospital at Easton, Md. The hospital authorities are to be congratulated upon getting such a wide-awake and efficient man. He has also been appointed gynæcologist to the Northeastern Dispensary of Baltimore.

Dr. George A. MacQueen, '06, of Charlestown, W. Va., has been appointed chairman of the W. Va. State Tuberculosis Commission. This was the result of untiring effort to have a bill passed in the legislature to consider an appropriation and site for a tuberculosis sanitarium in that State. He is now attending the International Tuberculosis Congress at Washington, D. C.

Dr. Ezra Cummings, class of 1903, of Clarksburg, W. Va., died at the City Hospital, of that city, with typhoid fever, after an illness of three weeks. Dr. Cummings died on September 3, 1908. He was a member of the West Virginia State MedicalAssociation and at active practitioner. Dr. Cummings was a young man, being only 34 years of age. We regret very much the loss of such a good man from our society.

The following members of the class of 1908 have been appointed resident physicians in the Maryland General Hospital:

S. H. Street, resident.
C. L. Beauer, 1st assistant,
J. F. Williams, 2nd assistant,
A. W. Erskine, 3rd assistant,
L. D. Mothaw, 4th assistant,
A. Daudlen, 5th assistant,
G. E. Conley, resident obstetrician
M. A. N. Smith, alternate.

Dr. S. O. Thomas, class of 1902, of Baltimore Medical College, died at his home in Carrolltown, Pa., September 21, 1908, aged 23. Death was caused by acute nephritis. Dr. Thomas was a member of the State Medical Society of Pennsylvania, also a member of the American Medical Association. We extend our deepest sympathy to his wife and family, regretting very much to lose him from our ranks.

The Sane Fourth of July

It is with great pleasure and a vast amount of appreciation of the influence of the public press for good that we note in the recently compiled statistics for the past 4th-of-July celebration the great reduction in the number of accidents, and especially the lessened mortality.

While it is largely accounted for by the more or less stringent laws passed in the various communities prohibiting the people from celebrating the day in any but a sane and intelligent way, yet the fact must not be lost sight of that the public press has been a tremendous power for good. Especially is this so in the reduction in the previous large number of "patriotic" tetanus cases. By constantly hammering at it they have forced the public to realize that the average 4th-of-July accident is not a simple affair, even though it appears so, as such cases are always liable to develop tetanus. The result is, such cases are hurried off to the doctor, who, as a prophylactic measure uses the antitetanic serum, and thus perhaps wards off the dread disease. The law-makers, the press and the people are to be congratulated on the present good showing and we only hope the good work will keep up, as it undoubtedly will.

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THINGS MEDICAL

Senior Class Election

Election of officers for the Senior Class was held in hall X on Friday, October 16. Mr. R. H. Anger presided and the meeting proceeded in a very orderly way. The election resulted as follows:

President, Allen Grahm.

Vice-President, Clyde C. Johnston.

Secretary, J. E. Thomsen.

Treasurer, E. G. Hand.

It was decided to defer the election of class orator, prophet and historian until after the Christmas holidays.

At this writing the executive committee and other standing committees have not been appointed.

After the result had been announced, President Grahm was called upon for a speech, to which he responded with a few well-chosen words, thanking the men for the honor conferred upon him and assuring the class that he would administer the duties of the office to the best of his ability.

Mr. Curtin's Misfortune

On August 12, W. F. Curtin, of the Sophomore class, residing in Milford, Mass., took a trolley ride to Nipmuc Lake, in Mendon, Mass., and after spending a pleasant afternoon with several friends started home. He was employed by the Milford and South Framingham Street Railway Company of Milford as conductor, and as the rules of that company oblige men to stand when riding on a pass, Mr. Curtin was standing on the rear platform.

The car was nearing the town of Milford when an axle broke, allowing the car to topple over, injuring several passengers, among whom was Mr. Curtin. He was immediately taken to Milford Hospital, where upon examination he was declared only slightly hurt internally, and after staying there until August 10, he was allowed to go home. His stomach gave him some inconvenience, but he paid no attention to it, thinking that the difficulty would wear away. After staying around the house for a week or more, he started to take daily walks, in the hope of recuperating sufficiently to get back to college by September 21. He thought he was getting along nicely, when, to the surprise of his folks, he was attacked with epilepsy and, upon the slightest exertion, would fall into a fit. He tried to overcome this by walking exercises, but after several unsuccessful attempts, he was obliged to go back to the hospital, where he is now undergoing treatment.

Chi Zeta Chi Smoker

The fourth annual smoker of the Edmund Rhett Walker Chapter of Chi Zeta Chi was held on Saturday evening, October 10, in Lehman's Hall. The affair was largely attended by members of the Chapter and their friends. Good music and abundant refreshments made the evening pass all too quickly. Those who were present report a most enjoyable time.

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Freshman Class Election

At a meeting of the class of 191[illegible], held on Sept. 28, the following officers were elected:

President, John H. Finnegan, of Providence, R. I.

Vice-President, Samuel Miller, of Pennsylvania.

Secretary, Thomas J. Connors.

Treasurer, George McDuffie, of Chester, N. H.

These men were well and favorably known to the members of our class, and all predict them an excellent administration.

Dr. Charles Elwin Schlappich, '08, of Bernville, Pa., and Miss Martha Schwaderer, daughter of George F. Schwaderer, of Cressou, Pa., were married on September 9. Dr. Schlappich has located at Bernville, Pa., where he has a very profitable practice.

Dr. Charles Irvin Shaffer, '07, of Boswell, and Miss Emily Beatrice Johnston, daughter of John A. Johnston, of Pittsburg, Pa., were married on October 7. Dr. Shaffer has located at Boswell, where he has an extensive practice, being company doctor for the Somerset Coal Company of that place.

Dr. Milton W. McIntyre, '07, who had formerly located at Pine Grove, W. Va., has gone to Boswell, Pa., where he will assist Dr. C. F. Livengood, '96, in an extensive company practice.

Dr. B. J. McBride, '09, and Miss Margaret Bayle, of Newcastle, New Brunswick, Canada, were married at the home of the bride on September 31 last. Dr. and Mrs. McBride are residing in Baltimore.

Dental

Charles J. Hien, '09, Woonsocket, R. I., was united in marriage to Miss Charlotte H. Anthony, Woonsocket, September 30, 1908. Mr. and Mrs Hein have taken apartments in the city.

Dr. C. W. Fuller', 08, of New York City, was in Baltimore Oct. 24-25. We were all glad to see him, and wish him success.

Dr. Fuller has been practicing in New York about a month, and reports good results.

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THINGS · DENTAL

The Smoker

The annual smoker given by the dental facult celebrated in the infirmary Friday evening, August 16. That the smoker is growing in popularity was indicated by the number of sstudents present and the loyal support given the several committees.

The committee on entertainment certainly was able to prepare a program that would do credit to any institution. Of course, there was sure to be material in the several classes to work with; but even with materal at hand it is not always possible to accomplish such praiseworthy results. Not only does the committee deserve praise, but also each individual who contribute to their success. An orchestra composed of Messrs. Ford, Buden, Garret, Shaw and McGibbon rendered several pleasing selections. Mr. Garrett's violin solos repeatedly won hearty applause. It would also seem that the study of dentistry has a beneficial effect on the vocal cords; but be that as it may, the vocal the vocal solos rendered by Johnson, Adas, Metzger and Leonardis each received an encore. A recitation by F. McNamara indicated that the Freshman class have a capable man to represent them. Mr. McNamara certainly did justice to his theme.

It is not our intention to bestow all the praise upon the students, for it does not all belong to them. Many words of good advice and encouragement were delivered by Drs. Blake and Mills; by Dr. Drew, Secretary of the Maryland State Board; by Dr. Cruzen, and by our Dean Dr. Smith. We take pleasure in publishing a few of the results of the June State Board examinations, as stated these last speakers.

Among the Senior class of 1908 there was but one who failed to pass his State Board examinations. One hundred per cent. of the men who tried the New York Board passed, and one with an average of over 92. All the men trying the Pennsylvania Board were successful.

Do not think that all we received was to be digested in the mental organ, for it was not. The cravings of the "inner man" were also looked after in a way that is partially expressed in the statement of a Freshman: "Say fellows, we can't get oysters in our state like this." They were real Baltimore oysters, served in Baltimore style; and all who know what that is will understand that there were none left.

After singing several popular airs and joining together in three rousing cheers, the company dispersed, each man lighted on his homeward way by one of the faculty's best cigars.

Dental Laboratory

On account of the rapid growth of the classes in the last three or four years, it became necessary last year to provide more laboratory space; accordingly a laboratory was fitted up for the Freshman class of last year in the Deichmann building on Howard Street, this building having been purchased by the Faculty of the Medical Department.

Again this year, the same question, "What shall we do for laboratory room?" confronted the Dental Faculty, as the extensive new medical building being erected on the Deichmann property made it necessary to provide accommodations elsewhere.

Those who are familiar with the plans of the old laboratory will recall the small room adjoining used for plaster-room, vulcanizing and sand-molding; also that the Dean's office was directly connected with the laboratory. The partitions separating these three rooms have been removed, making one sufficiently large to accommodate all the classes by a proper arrangement of th esc hedule. Dean Smith says the plan will work very well this year; but that if next year's class is much larger, it will be necessary to make further alterations to accommodate the students.

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The benches provided for the Freshmen last year have been placed in this laboratory, thus providing sixtyfour more lockers. These, in addition to the old ones, will furnish accommodations for one hundred and fifteen men. The electric lathes have also been overhauled, all the worn parts being replaced by new. The small vulcanizers are to be replaced by one large enough, to contain a dozen flasks. This vulcanizer is to be in charge of some one appointed by the Dean and only on certain set days can any vulcanizing be done.

On account of giving up the office it was necessary to remove the law office to the medical side until the new building is completed when our legal friends will occupy their rooms there, as stated elsewhere in this issue. The dental office is now to located in the rooms formerly occupied by the Law Department. The present location is far superior to the former for an office, both on account of its better light and on account of its removal from the noise that must necessarily come from a dental laboratory.

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Junior Officers.

At a meeting held in the Dental Infirmary October 16, the Juniors elected the following officers:

E. Adams, President.
W. B. Spencer, Vice-President.
F. W. Johnson, Secretary.
F. C. Shaw, reasurer.
F. H. Holley, Historian.

⚜

Freshman Class Election.

The Freshman class elected the following officers for '09-'10:

J. C. Young, President.
L. Metzger, Vice-President.
O. Merriman, Secretary.
A. N. Chapell, Treasurer.
H. H. Haymond, Historian.

Senior Officers

At a meeting of the Senior class held October 19, the following officers were elected:

L. P. McGovern, President.
F. Hefferman, Vice-President.
E. F. Gill, Secretary.
C. H. Green, Treasurer.
W. H. Miller, Historian.
W. Desforges, Class Prophet.
J. Stanley, Orator.
C. E. Sherwood, Sergeant-at-Arms.

⚜

Gold Medal

A clever scheme has been adopted by the Dental Faculty, whereby we expect to see not only more patients in the infirmary, but also a rapid advancement in our department.

It has been the custom of our school prior to this year, to furnish all material for infirmary patients free of charge. With such an inducement, the clinic grew very rapidly last year; in fact, it became necessary to have the infirmary open all day. One can readily understand that the expense under such a plan would be heavy. In fact, the gold alone, given away last year by our school, cost about $900.

The plan this year is to save this expense, and with these funds secure more demonstrators for the College, thereby guarenteeing to each student more attention in his work. Accordingly, there will be a charge made for gold used. This charge will be the actual cost of the gold. As an incentive to the Seniors there will be given a gold medal to the one putting in the greater number of satisfactory gold fillings, the patients counted in the contest to be only those secured by the solicitation of the students. The contest will begin on November 1.

With this inducement, the Faculty expect to increase the infirmary work, secure a better class of patients, and save a large sum of money with which to provide a better course for the students.

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THINGS LEGAL

Welcome

Gentlemen, we bid you welcome. To those who have already sipped from the fountain of legal knowledge we desire to extend our heartiest congratulation on the general excellence of their work accomplished in the past. Again the future lies before you and there is no possible reason why you should be less successful this coming year. You have our best wishes. Having traveled over the uncertain paths in your endeavors to reach the desired goal, you have now realized is expected from you, and with the what usual application of systematic and constant study to the work to be done, we feel certain that success will crown your efforts.

To the incoming class, we wish to say that courage, patience and perseverance are qualities that must constitute a part of your make-up. Those of us who have already succeeded in passing through the studies that are to be yours during the next month, are fully aware of the hundred and one apparently impossible obstacles that were met. Many of those that started with us have fallen by the wayside, not because they were deficient either mentally or physically, but because as was soon demonstrated, they lacked the necessary tenacity of purpose, which must be yours if you would succeed.

Perhaps a little advice may assist you in your work, and if we are permitted to assume the position in an advisory capacity, we say now, in all earnestness, do not become discouraged if you find that you are not making the progress that you would wish. Remember, Rome was not built in one day. Give close attention to the lectures and earnest study of the text-books and authorities as cited from time to time by the professors; be honest with yourselves in the employment of your time and energies. Upon this entirely depends your future.

Stick to your aim; the mongrel's hold will slip,
It takes a crowbar to make the bulldog loose his grip.

Dean's Address

The address made by our worthy Dean at the opening of the school for the present year was full of the proper sentiment, which augurs well for the future of the school, its students and, in the last analysis, the profession.

There is more in the study of the aw than the dollars and cents, for in the proper interpretation of the law depends the structure of society. Those of us who are to make law our life's profession may be tempted to look upon the study of jurisprudence as a means to the end in the struggle for existence, but we feel convinced that if the splendid advice of his Honor, Alfred S. Niles, is kept well in mind, we will find in the years to come that the study of law, for its own sake, will bring forth results that cannot fail to be of some advantage to society.

Every man should realize that he owes something to the world that he inhabits, and, therefore, he can only repay his indebtedness to his fellows by becoming proficient in some useful sphere, so that his usefulness will assist in making the world and its people a better one and happier.

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efforts made to establish a closer union and fellowship between the various Departments, Medical, Dental and Legal, of the Baltimore Medical College, but as yet the results have been far from satisfactory.

Many of our fellow-students have realized the necessity of an organization which should have as its primary object the creating of that spirit of comradeship which we regret to say is in general so sadly lacking. It behooves, therefore, that the officers of the various class organizations promulgate some plan to further the idea, such as we now submit for their consideration.

We would suggest that a committee representing the Medical, Dental and Law Departments of the College, should meet at some early date to give this matter their consideration, and we confidently feel that their deliberations would make clear the need and the practicability of such an organization for the fostering of social intercourses and a spirit of comradeship between the Departments of this splendid institution.

Class Officers

At the first meeting of the intermediate class of the Law Department the following officers were elected:

Robert McKee, President.

Edward McDermott, Vice-President.

Edward Ferrari, Secretary.

Joseph F. Fishman, Treasurer.

Edwin L. Johnson, Sergeant-at-Arms.

Professor Edwin T. Dickerson was unanimously elected an honorary member of the class.

The Seniors met and the following gentlemen were elected to fill the several offices for the ensuing term:

Frank M. Merriken, President.

H. G. Sutton, Vice-President.

Louis G. Forster, Secretary.

Will R. Price. Treasurer.

Their usual banquet followed the proceedings in connection with the business of the class.

Brieflets

Equity is easy.

Evidence is a cinch.

We miss the ladies.

Who's Florence? Ask Torrence.

Who are to be our future warblers?

The Juniors seem to be a likely bunch.

Our new quarters are to be up-to-date.

They have been dubbed as the Gold Dust Twins.

"Remember, boys, that the law is a jealous mistress."

"We shall take up the genesis of equity at our next meeting."

You are respectfully requested to contribute to these columns.

Many of the Intermediates provided themselves with Bibles in anticipation of a lecture on "Genesis," as described in the Bible. For the benefit of the Juniors who will shortly grapple with the intricacies of "seisen," Johnson has prepared a special explanatory thesis.

He Knew

Old Robinson (inspecting young R's "personal expenses" account for last term): "What do you mean by $40 for tennis?"

Young R. (easily): "O! that's for a couple of rackets I had to have."

Old Gentleman (severely): "Yes, I understand, but I think we used to call them bats."

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PROBES

Leonard, '11, to Junior: "Say, where can I buy a two-cent stamp?"

Junior: "Go over to the Commonwealth Bank, second cashier, to the right."

Leonard to Cashier: "I want a stamp."

Cashier: "Get out of here. What do you think this is, a postoffice?"

"Little" Baker, '09: "Organic matter is matter which existed before creation."

Upper Classman: "Freshman, do you want to buy an Anatomy?"

Riggle, '11: "Do I *need* one?"

Metzger, '11: "Say, boys, did you know I am the only fellow in College from Kentucky?"

Since Desforges, '09, has made it known to the scientific world that bacteria need summer climates, we are watching for their fall migration to warmer climes.

The Senior Dentals certainly made a noble showing in their first quiz.

It does seem strange why so many Juniors are rooming with Freshmen. Perhaps it is because the Freshmen need watching.

Green, '11, had an argument with another Freshmen about Old Home Week. Green said it was Old Home Week because the students were all back.

Some of the friends of Quinn, '11, are anxious to know where he spends his evenings. He was seen on Eutaw St., with a kindergarten blackboard under his arm.

The Sophomore class is anxious to know where the following members of their class were on the night of September 21, between 7.30 and 9 P. M., viz., Duff, Quinn, Wallace, Desjardins and Peppers.

Desjardins, '11, admits that he has "cold feet," likewise hands. His classmates advise him to shake hands with his feet.

The absence of Springer, '11, from the classroom for a few days has caused much discussion among his class mates. Some rumors were to the effect that he was attending the T. B. Conference at Washington; others contended that he had gone to get married; but when he returned to school, he informed them he had been to his home in Ohio to register. Bryan is his ideal.

Adams, '10, spent his vacation working as conductor for a street-car line. One day a spotter after examining Adams' register, informed him that he was one fare short. Adams proved himself equal to the occasion by informing the stranger that as he was the last man on and he was a nickel shy it was up to him to get off. Enough to say, the shortage was never reported.

The other morning Bond, Neubauer and one or two more Sophomores strolled into Dr Penniman's lecture about forty-five minutes late. Several men commenced to shout "Freshmen," but were put to silence when the Doctor said, "I know they are no Freshmen, for Freshmen would not have the nerve to come at this time of day." Surely, the quest of knowledge causes some to take great risks.

Straub, '11 (after thirty minutes' demonstration in Materia Medica): "Dr., what is the metric system used for?"

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COLLEGE COLORS

Last year THE TRIANGLE gave space to an interesting article on the changing of the College colors. Various arguments were advanced why a change would be beneficial to the College and all concerned. In fact, so thoroughly was the matter discussed at the time that a repetition of the arguments seems unnecessary.

It will be remembered that committees representing the faculty, alumni and students met to decide whether or not there should be a change and, if there were a change, what colors should be adopted. Why the change was not effected has remained an unanswered question among the students, as it was believed the majority of the representatives were in favor of such a change. The matter was dropped for the time, however, on account of the excess of work in preparing for the final examinations. But the student-body was not satisfied, and already we begin to hear rumors of a movement to bring the matter before the faculty again.

If such a change is effected, it will be through a concentrated movement, a plan with a definite purpose, with some one at the head to push it. It is necessary, of course, to agitate the question, more or less, in order to arouse general interest in the subject. A scattered individual effort would never accomplish enough even to gain a hearing, but by the combined effort of all the classes the desired end may be realized.

Moreover, now is the time to settle the matter, not next May. If we are to have new College colors this year, we want them at the beginning of the season. Remember, by delay it will be again proven, as last year, that "procrastination is a thief of time."

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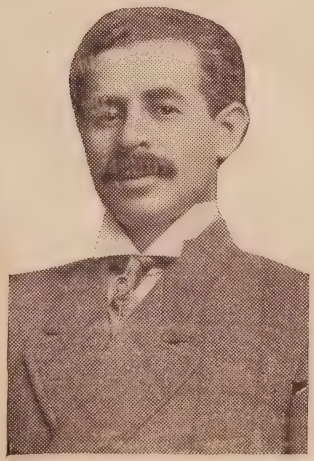

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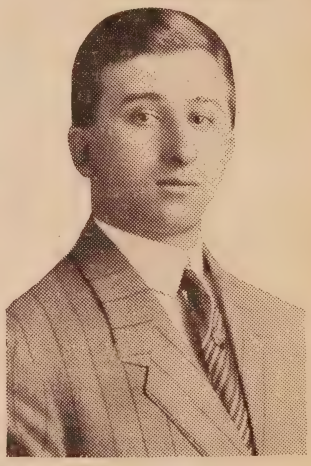

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Vol. 4 MONDAY, NOVEMBER 30, 1908 No. 2

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The ALUMNI=TRIANGLE

The Best of Everything and Plenty of It

Vol. 4 BALTIMORE, MONDAY, NOVEMBER 30, 1908 No. 2

ADDRESS DELIVERED AT THE MEMORIAL SERVICES OF WILLIAM J. FAGAN

By J. WALTER LAYMAN

Brothers, we are met here to-day to pay our last tribute of love and respect to our departed brother. We have met in this hall, whose walls have become familiar to us by frequent visits, endeared to us by the deeds of brotherly love enacted here—sometimes for pleasure, sometimes for social intercourse, other times to carry on the business of our work as a brotherhood—but never before have we gathered here on an occasion of this kind.

Death is always a sad thing; whether it be in youth or in age, whether it be in a cottage or a palace, it always has its sting. It is not mitigated by the surroundings of a palace, nor saddened in a cottage. We mourn for those who are called away in ripe old age, lorn of a fruitful life. We mourn for them when, as we see it, they have finished their work. Death is always sad, I repeat, but doubly so when life is about to burst forth in the flower of manhood, when it is about to don the robe of professional attainment. Such is the death we mourn.

The Late William J. Fagan.

Just why God should call from this earth a clean, pure, God-fearing life, just prepared for a field of usefulness and service by the training of past years, is more than we can tell. It is only for Him to know. To us, this is the saddest of deaths; but to Him "who doth all things well" death is always the same. He who gave this subtle thing we call life, having the power to give, has, too, the right to take, at His will. Life, to Him, is cheap. All over this world we see Him wiping it out, wiping it out, out, out, by famine, by disease, by war. We have only to serve Him, fearing not for our lives. But we are not to think, then, that our lives are to no purpose. Each has its work, and if a life is obedient to its Creator, as was the life of our brother, we can rest assured that it has accomplished its purpose, whether it be called to heaven in childhood, in youth, or in old age. It has served the Divine plan. We are not to measure our work and aim at we see it, but as God sees it. A soldier fallen in battle at the very outset of the fray, what should we say of him? Has he not done his best? He has performed his work. So we believe our departed brother hath finished his work among us and hath performed it well.

His early and sudden departure emphasizes the great truth that, as surely as we live, so surely we shall die.

"Life, I know not what thou art,
But know that thou and I must part;
And when, and how, or where we meet,
I own to me's a secret yet.

"Life! we've been long together,
Through pleasant and cloudy weather;
'Tis hard to part when friends are dear;
Perhaps 'twill cost a sigh or tear.

"Then steal away; give little warning;
Choose thine own time,
Say not 'Good Night'; but, in some bright clime,
Bid me 'Good Morning.'"

Our departed brother was born at Hinsdale, Mass., on November 5, 1885. He spent his childhood days there, and attended the public schools of the village. Leaving the highschool, he entered St. Laurent College, Montreal, Canada, and was graduated from there in June, 1904.

In the fall of 1905, he came to Baltimore, entering the Baltimore Medical College with the class of '09. He became a member of Phi Chi fraternity and was Vice-President of his fraternity from January until April last.

Our brother was not so extensively known throughout College, because of his unassuming and retiring disposition. He was a man who sounded not his own praise, but whose deeds spoke eloquently of his noble character.

"They loved him best,
Who knew him best."

The more we came in contact with his life the higher was our conception of the human life. He was in the highest esteem by his friends, his classmates, his fraternity brothers, and his professors.

Viewing him from all sides, we see a man—a brother. As a son he was true to the confidence of his father and the prayers of his mother. Surrounded, as he was, by all that money and thoughtful love could obtain, he was endangered by the temptations which come to such. He could obtain whatsoever his passion or appetite could desire. But he allowed not these to rule his life, but was strong in the faith which overcomes even death. Against vices and temptation he stood out like a water-lily raising its white form above the slimy pond.

In social life, we can truly say of him,

> From the bowers of ease he fled
> To seek affliction's humble shed;
> Grandeur's guilty bribe he spurned,
> And safe in virtue's cot was firm.

As a classmate he was big enough to throw off fraternity, and meet a man as a man, giving to each man his just deserts. It is said of him, among his classmates, that if in fun or in a careless or thoughtless moment, he did or said something to a man which might offend him, he would after thinking it over come and beg the man's pardon. That is only one of the many incidents which we could gather from the daily life of our departed brother.

As a fraternity brother, not many of us knew him as we should have known him. For none knew him but to love him. None named him but to praise. He was a brother, careful not to offend, quick to ask for pardon, watchful lest an idle word should escape that now silent tongue, of which, as if in echo, we hear the spirit say,

> "From falsehood's honey it refrained,
> And where it could not praise was chained;
> Loud in virtue's cause it spoke,
> Yet gentle concord never broke."

Truly of him we can say: "He was careful of his words, watchful of his deeds, noble in his purpose, true to himself, true to his fellow man, and true to His God."

Such is the brief sketch of the life of brother Fagan. While we are deeply sorry for the death of our brother, we should be profoundly thankful for his life. I am so glad that we have the assurance that he will live in the great life beyond. How sad it would be had he been a wicked man. Brothers, if it had to be that one of us should go, I am glad it was Fagan. How many of us could stand the scrutinizing ray of character-searching as brother Fagan's life has stood it? Hear the promise: "Verily, verily, I say unto you, he that heareth my word and believeth on Him that sent me hath everlasting life, and shall not come into condemnation, but is passed from death unto life."

This thing we call death is a natural avenue to a greater life. We sow the seed; it dies of itself, casts off its old form, and springs up in the newness of life. That one little seed grows, it lives many times more in its new form than it has in its old. But before it could come forth in newness of life, it was necessary to die to the old life. So it is with those who fall asleep in Christ Jesus. "For as in Adam all die, even so in Christ shall all be made alive." So the pang of death is softened by the thought that our brother is not dead, but is alive with them who overcame death, sin and the grave. What a comfort this should be to us; what a joy it should be to his loved ones!

Indeed, if there were no hope beyond, then we should have great reason for sorrow, for then this stay on earth would be all we could enjoy of what we call life. But this is only the beginning of life. We are passing through life to that great beyond where there is no death, but life everlasting.

Let this be a lesson to us, brothers. Let us strive to live better, purer, cleaner lives, so that when our summons comes,

> "To join the innumerable caravan which moves
> To the mysterious realms where each shall take
> His chamber in the silent hall of death,
> We go not like a quarry slave at night—
> Scourged to his dungeon—but sustained and soothed
> By an unfaltering trust approach the grave,
> Like one who wraps the drapery of his couch
> About him and lies down to pleasant dreams."

For,

> " 'Tis enough for me to feel and know,
> That He in whom cause and end,
> The past and future, meet and blend—
> Who, girt with His immensities,
> All our vast and star-set system sees
> Small as the clustered Pleiades—
> Moves not alone the heavenly quires,
> But waves the springtime's grassy spires;
> Guards not archangel's feet alone,
> But deigns to guide and keep my own."

ADDRESS OF DR. PETERMAN,*

Retiring President of the Alumni Association of the Baltimore Medical College

Fellow Alumni: One year ago, when you honored me as your choice as a presiding officer, I fully and profoundly appreciated that honor. I accepted it reluctantly, knowing full well the burdens necessarily going with it, and not the least among these, the preparation of this very address, which it has been decreed shall be delivered annually by the retiring president of this Association.

In looking over our Constitution and By-laws, I find nothing contained therein which makes this mandatory, and the temptation to follow in the footsteps of my predecessor has been hard to overcome.

Owing to limit in time, and a feeling of kindness and regard for my audience, also a proper consideration of your anxiety to hear the good things in the address which is to follow, I shall not trespass greatly upon your time, but shall confine my remarks principally to some of the changes in the field of medicine during the history of this institution, together with some remarks concerning our Association.

The Baltimore Medical College was chartered and opened for the reception of students in the fall of 1881. The present is the 27th commencement, and practically completes 27 years' existence of this institution. Nearly all of you are familiar with its rapid rise and development, from its very

*Delivered before the Association, at Baltimore, May 22, 1908.

humble beginning, when the course consisted of two short terms of lectures, up to the present time, with the four years' graded course of study, modern buildings, well-equipped laboratories, extensive facilities for clinical teaching, and its added departments of Dentistry and Law. All along the line the watchword has been "progress," and the results obtained have no doubt exceeded the fondest hopes of the men who assumed control of the institution when it was reorganized.

Fifteen years ago I entered this college as a student of medicine, and at that time this very building, the first of the group, was in course of erection. Modern laboratories and equipment were at once installed, and with the increased facilities, as well as a wide knowledge of the merits and advantages of the school, it from this time on enjoyed a very liberal patronage, and is, no doubt, at the present time, the largest school of its kind south of Philadelphia.

During the existence of this college, a little over a quarter of a century, and yet less than a generation, what a marvelous change has taken place in the field of medicine. Methods of treating diseases have undergone a complete revolution. The sciences of pathology, bacteriology and chemistry have revealed many truths that had been hidden to man since his creation. Nor have we as yet reached the golden age in medicine. We have only come to the dawning of the morning; and as we look forward on the horizon, we are just beginning to see the great possibilities before us.

We are like a great army marching on and on, fighting the great battles for the preservation of human life. It is given to most of us to serve only in the ranks as privates, but our duty is plainly set before us and we must meet it unflinchingly. Occasionally one of our number falls in the heat of action, but another quickly steps forward to take his place. When the battle clouds are blackest, we need but to gird up our armor and march on, for victory is sure to crown our efforts.

How aptly this is illustrated in the fight against the great "white plague," which began in earnest with the great discovery by Koch one year after this college was chartered. For twenty-six years the battle has waged unceasingly Many thousand lives have been sacrificed, and many of our number have fallen in the heat of action. We have now just arrived at the point where we can predict that, with a continuation of the fight, this disease will in time become as rare as smallpox.

In passing I wish to mention another disease—diphtheria—which has been robbed of its horrors. How well I remember when, in my childhood, this dreaded disease became epidemic and in not a few instances carried off every child in a family, leaving only sorrow and desolation in its pathway. The laboratory solved the problem, when the germ causing the disease was discovered by Klebs in 1883 and successfully cultivated by Loeffler a year later. It took almost ten years of patient, painstaking laboratory work to bring forth a cure, but this we have in the serum as perfected by Behring and Roux.

Humanity in general owesa great debt to the noble band of men who spend their lives toiling in the laboratories. Their work has opened up the great field of preventive medicine, which at the present time is absorbing most of our thought.

In the past twenty-seven years wonderful changes have taken place in the methods of teaching medicine, and the requirements for registration as a practitioner. Up to 1890, the year in which was formed the Association of American Medical Colleges, the requirements for matriculation were very meager indeed. Almost any one with a knowledge of "the three R's" might take up the study of medicine, regardless of his mental qualifications or ability to profit thereby after graduation. The course generally consisted of two terms of lectures, nearly all didactic, and these not graded, but identically the same each year, with little or no laboratory instruction and very little clinical teaching.

The requirements for entry into the medical profession were indeed so lax that, early in the nineties, many of the states, recognizing the need of further restrictions on the wholesale graduation and simple registration of physicians enacted laws requiring a further examination by a board of state examiners, and requiring their certificate for registration. Thus began the era of state examining boards. In the decade following laws of this nature were enacted in nearly every state in the Union.

The formation of the Association of American Medical Colleges marked the beginning of a new era. Membership in this Association was generally recognized as a credential of good standing; and all colleges had to conform to its requirements. These requirements have steadily advanced until, at the present time, a high-school diploma, or its equivalent, is required to enter upon the study of medicine, and the pursuance of a four years' graded course of study, consisting of eight months in each year, before a degree can be conferred. Many colleges have already given notice of higher entrance requirements beginning in 1910, and the agitation will undoubtedly go on until entrance will mean a bachelor's degree, and, before exit from college into the profession, a five years graded course in medicine.

I am glad to say that the institution which we honor today has kept in the front rank in every advance that has been made. It was among the first to adopt the three years' graded course of study, one of the first to install and equip, at enormous expense, modern laboratories for the teaching of chemistry, histology, pathology, bacteriology, physiology, etc.

Prior to the laboratory era the expenses of medical school, were very small compared with what they are today. The phenomenal progress in teaching the science of medicine has necessitated laboratories, with their expensive equipment, and also trained men as workers and teachers, who devote all of their time to this part of the subject. So great has been the expense of conducting the well-equipped, modern medical school, that it has been freely predicted that only the endowed school can continue to exist. It is scarcely within my province to predict as to the future, but it is quite certain that we shall see as many changes as we have

n the past, and without doubt many of these will be revolutionary in character.

The increased requirements in the way of preliminary education, and in the time and cost required to complete the course, has apparently not caused any perceptible decrease in the number of young men who annually elect to enter upon the study of medicine. It is probable that the number will not decrease very much, even though the course is lengthened and the requirements made higher, so long as the demand for good, energetic and well-trained physicians remains.

Income from this source will in all probability remain much as it is at the present time. Changed conditions will without doubt cause consolidation of many of the unendowed medical schools. This has already taken place in some of our large cities, and no doubt in the next decade there will be many more to follow. This has been the history in the industrial world, and it has been brought about largely from an economic standpoint, and for the same reason this condition will obtain among the colleges. There are several unendowed medical schools in this city, with an attendance of 1,500 or more, consolidation of which into one or two, would add enormously to their strength and solidity, as well as reduce the expenses of operation.

There is one other factor that will do a great deal to keep in existence the unendowed medical school, and that is the number and loyalty of the Alumni. My plea is for still greater loyalty of the Alumni of the Baltimore Medical College. The high standing of any college at once reflects honor and standing on the graduate. There are also many sentimental reasons which should cause every graduate of this school to glory in her successes and to honor and praise those who have been instrumental in elevating her standards. Who, in the ranks of the 2,000 men who have graduated from this institution, would not shudder to think of its closing its doors; and, on the other hand, who in this band of men is not thrilled at hearing of any of her additional successes? These thoughts should stimulate us to greater loyalty to our Alma Mater.

This loyalty, like charity, should begin at home, and by this I mean in and around the college. I wish to speak particularly concerning the relationship between Faculty and Adjunct Faculty, as the latter body is largely composed of the graduates of this school. If the actual work of teaching represented in hours of service per week is considered, I think I am safe in saying that from two-thirds to three-fourths of it is done by members of the Adjunct Faculty.

This body should have an organization, with a representative executive committee, and this committee should be in close communication with the Faculty. In important matters such as changes in policy, curriculum or membership in Faculty or Adjunct Faculty, this committee should be conferred with, and the views of the under body could be made known in this way. The result of these conferences, touching elbows and comparing notes, will not take away any of the power or dignity of the Faculty, but will certainly help to promote the loyalty of a part of the membership of this Association, and will also be a step in the direction of bringing about a condition of unity, peace and concord.

We have at present three adjunct societies, the New England, New Jersey and North Carolina. The first two have been in existence for several years and are doing good work, possibly better than the parent organization. The North Carolina Society was formed during the past year, and bids fair to equal the good work of the others. This society was organized under the leadership of Dr. J. M. Templeton, whom we are glad to welcome as the orator of this occasion. State societies mean much to us as an organization, as well as to the college, and we hope to see many other states follow the lead already taken. All adjunct societies should send at least one delegate to the regular annual meeting of the Association held during commencement week, and in turn this Association should send at least one delegate to the annual meeting of each society. These delegates should be chosen with some care regarding fitness and willingness to attend. Our greatest trouble in the past has been to secure sufficient funds to pay the necessary expenses of delegates. This must be provided for, and it is one of the problems that should engage our immediate attention.

COMMENCEMENT WEEK AT BALTIMORE MEDICAL COLLEGE*

[*Owing to a slight misunderstanding with some of the Assistant Editors, the report of the Commencement, Class Day Exercises and Alumni Banquet was handed in too late to be published in the first issue of THE TRIANGLE.]

CLASS DAY

In initiating an exercise of this sort, the Class of 1908 established an interesting precedent. The exercises took place at Lehman's Hall, on North Howard Street. The hall was filled at an early hour. When the President, C. H. Howland, rose to give the address of welcome, he had an attentive and expectant audience, with interest heightened by the novelty of the occasion; and when the last feature on the program had been presented, the applause and expressions of appreciation were gratifying indeed.

The excellent spirit and appreciation shown by those in the hall, in connection with the clean manner in which each feature was carried out, reflect great credit on the Class of 1908. It is to be hoped that coming classes may have a like spirit and equal ability.

The program of the day is printed below:

PROGRAM

Medley	"Up-to-Date"	*Remick*
Overture	"Red Mill"	*Herbert*
Address of Welcome		C. A. Howland
Roll Call		C. C. Wiley
Selection	"Spring Chicken"	*Carle*
Class History		H. G. Tonkin
Oration		W. R. Tymeson
Selection	"M'lle Modiste"	*Herbert*
Prophecy		J. F. Coughlin
Class Poem		T. McCall Anderson
Pipe Oration		A. Daudelin
Class Song		Class

The class officers were:

C. A. Howland, President.
F. M. Dunn, Vice-President.
H. L. Teller, Secretary.
Geo. Wilkens, Treasurer.
W. R. Tymeson, Orator.
T. McCall Anderson, Poet.
A. Daudelin, Pipe Orator.
J. F. Coughlin, Prophet.

The committee in charge were:

E. A. Moore, Chairman.
T. A. Little.
R. P. Reagan.
M. S. Collins.
E. G. MacFarland.
M. H. Blandford.

ALUMNI BANQUET

The Alumni Banquet took place at the Belvedere Hotel on the evening of May 21, 1908, immediately after the Commencement Exercises. It was one of the largest, and probably the most enjoyable, that the Alumni and Faculty have ever participated in. The graduates of the three departments of the College, with their Faculties and guests, were seated to banquet at eleven o'clock in the large dining-hall of Baltimore's best hotel. With an excellent menu, first-class music and the best of service, everyone had an evening to be long remembered.

Judge Alfred Niles was toastmaster of the occasion; and, as soon as the last course was served, he introduced Hon. L. Irving Handy, of Delaware, who, by a snappy and humorous address, did much toward making the evening enjoyable.

Dr. Templeton, of North Carolina, responded to a toast for the Alumni Association, and his fine discriptions brought forth much applause.

Dr. Howland responded to a toast for the Class of 1908, and gave some interesting facts about the class, relating several humorous incidents.

Dr. Haines responded for the Dental Department and one of the members of the Law Class responded to a toast with an exceptionally good tenor solo, which received much applause and to which he very kindly responded.

The banqueters were dismissed at about 3:45 A. M. One fact that demonstrated the general sentiment of the evening, and which went to show that every one enjoyed himself until the dismissal, was a full hall to the end. No doubt the many last good-byes, with the earnest hand-shakes and a few encouraging words, brought back many similar scenes to the older Alumni. The good-fellowship that evidenced itself is to be commended, and if the men will constantly demonstrate such an enthusiastic spirit, the Association may justly feel that it has, in part at least, accomplished its purpose.

COMMENCEMENT

The Twenty-seventh Annual Commencement of the Baltimore Medical College took place on May 21, 1908, at 8 P. M., at the Academy of Music, on North Howard Street. As has been the custom during the last two years, the Dental and Law departments both took equal share in the exercises.

The building was filled very early and when the curtain rose and Rev. A. B. Kinsolving stood to deliver the invocation, it was before an orderly and attentive audience. From this time until the benediction the exercises were conducted in an excellent manner, the Medical, Dental, and Law graduates receiving their diplomas in the order named. Dr. David Streett, Dean of the Faculty, announced the graduates in Medicine, and Prof. Charles Hill administered the Hippocratic Oath. The degree of M. D. was then conferred by Hon. J. Charles Linthicum, who gave to each section of students a short address filled with good advice and flavored with some real Maryland humor. The list of Medical graduates is as follows:

SECTION 1

Ralph C. Achorn, Maine.
Thomas McCall Anderson, Scotland.
Coleridge L. Beaven, Maryland.
Mark Hardin Blandford, Georgia.
Luis Celestino Boneta, Porto Rico.
William E. Brown, Virginia.
Robert Francis Burns, Massachusetts.
James Valentine Clarken, New Jersey.

SECTION 2

James L. Collard, New Jersey.
Martin Slaughter Collins, Ohio.
John Edward Conley, Rhode Island.
John Francis Coughlin, Massachusetts.
Alfred Daudelin, New Hampshire.
James DePasquale, New York.
Michael John Dillon, Massachusetts.
Henry Edward Doonan, Massachusetts.

SECTION 3

Francis Downing, Connecticut.
Francis Martin Dunn, Connecticut.
Henry Ambrose Dunphy, Massachusetts.
Isidor Eckert, New York.
Arthur Wright Erskine, Ohio.
Norman Walter File, Virginia.
William Charles Fischer, New Jersey.
Adolphus Vivian Gibson, Pennsylvania.

SECTION 4

Meade E. Hagerty, Pennsylvania.
Elmer Gill Hall, Maryland.
John Joseph Hayden, Massachusetts.
Charles Frederick Hill, New Jersey.
Floyd J. Hodge, New Jersey.
Charles Abel Howland, Massachusetts.
Mark Kestner, New York.
Francis Victor Laurent, Pennsylvania.

SECTION 5

Alfred Thomas Lebœuf, Massachusetts.
Michael Liebson, New York.
Bernard Levinson, Massachusetts.
Joseph Jacome Travassos Lima, Massachusetts.
Theodore Alvin Little, Pennsylvania.
Erwin Golly MacFarland, New York.
Hector J. MacLean, Massachusetts.
William Reginald Marshall, Massachusetts.

SECTION 6

Otto George Matheke, New Jersey.
Oliver Adelbert Menges, Maryland.
Carl Henry Meyer, Jr., Maryland.
Emmett Augustus Moore, Ohio.
William T. Morrow, Pennsylvania.
Lloyd Daniel Mottram, New York.
James William Nelson, West Virginia.
Harold Haven Palmer, New Hampshire.

SECTION 7

John Arthur Franklin Pfeiffer, Maryland.

Harry C. Podall, New York.
David Cabene Posey, Pennsylvania.
Robert Philip Reagan, New York.
Ralph George Reed, Maine.
Richard Metchell Riley, West Virginia.
Harry Lewis Rothblatt, Connecticut.
Sherwood Dwight Sawyer, New York.

SECTION 8

Charles Edwin Schlappich, Pennsylvania.
George Oliver Sharrett, Maryland.
Henry O. Slonimski, Pennsylvania.
Merrick A. V. Sm[illegible]aryland.
Jacob Jerome Steinfelder, New York.
Sydney Hamilton Streett, Maryland.
Howard Robertson Stratton, New Jersey.
Walter Lee Swindel North Carolina.

SECTION 9

Henry Ludlow Teller, Jr., New York.
Scott J. Titus, Pennsylvania.
H. Glenville Tonkin, New Hampshire.
Staunton Trimble, West Virginia.
Walter Roberts Tymeson, New York.
Benjamin Ulanski, Pennsylvania.
Roscoe Charles Upham, Maine.
Clarence Vliet, New Jersey.
William Hunt Walcott, Virginia.

SECTION 10

Frederick J. Weber, Maryland.
Ayer Manny Duncan Whiteley, North Carolina.
Clarence Cicero Wiley, Alabama.
George Arthur Wilkins, Massachusetts.
Herbert Edwin Wilkinson, New Hampshire.
Jesse Frank Williams, West Virginia.
Samuel Clyde Wilson, Pennsylvania.
J. LeRoy Wright, Maryland.
William Francis Wright, Massachusetts.

The Dean then announced the honor men of the class. Two men, T. M. Anderson, of Scotland, and W. R. Marshall, of Mass., both having received the same grade in their final examinations, and both having had grades above their fellow graduates, received the degree of M. D. Magna Cum Laude, and the College Medal.

The next in order of merit, receiving the degree of M. D. Cum Laude, were:

Erwin Golly MacFarland, New York.
Emmett Augustus Moore, Ohio.
Jesse Frank Williams, West Virginia.
Walter Roberts Tymeson, New York.
Sidney Hamilton Streett, Maryland.
Charles Abel Howland, Massachusetts.
Henry O. Slonimsky, Pennsylvania.
Elmer Gill Hall, Maryland.
Herbert Edwin Wilkinson, New Hampshire.
Theodore Alvin Little, Pennsylvania.

Those receiving honorable mention were:

William T. Morrow, Pennsylvania.
Charles Edwin Schlappich, Pennsylvania.
Martin Slaughter, Collins, Ohio.
Otto George Matheke, New Jersey.
Arthur Wright, Erskine, Ohio.
Ralph George Reed, Maine.
Coleridge L. Beaven, Maryland.
Charles Frederick Hill, New Jersey.
Lloyd Daniel Mottram, New York.
Clarence Cicero Wiley, Alabama.

The College Medal and prizes were awarded by Prof. Robt. W. Johnson, who, with his humerous comparisons and numerous witticisms, made his part of the program more than enjoyable.

The following were presented with prizes:

Thomas McCall Anderson, of Scotland, and William Reginald Marshall, of Massachusetts, having earned the highest grade in the examinations, each received the College Medal.

The "Robert W. Johnson Surgical Prize," for the best examination in Surgery, and the "William E. Moseley Gynecological Prize," for the best examination in Gynecology, were awarded to William Reginald Marshall of Massachusetts.

The "J. M. H. Rowland Obstetrical Prize" was awarded to Emmett Augustus Moore, of Ohio, for the best examination in Obstetrics.

The "Arminius C. Pole Anatomical Prize" was awarded to J. W. Layman, of Maryland, for the best work in practical Anatomy.

The degree of D. D. S. was conferred upon the candidates in Dentistry by the Dean of the Dental Department, Dr. J. W. Smith. The list of graduates, and the honors and prizes awarded, were as follows:

GRADUATES, 1908

Louis G. Lohmann, Maryland.
Abraham Brumberger, New York.
Maurice Arthur Dolowitch, Sydney, Australia.
James Edward Harden, Rhode Island.
Eli Paquin, Rhode Island.
Edward Clark, Florida.
John James Grimley, Connecticut.
Clarence Wendel Fuller, New York.
Thomas Lee McCarriar, Maryland.
James Warriner Davis, New York.
Arthur Daniel Elkins, New Hampshire.
John Henry Kiniry, New Hampshire.
Edward Ruel McClintock, New Brunswick, Can.
Nelson Sylvester Wood, Massachusetts.
James Denis Gregg, North Carolina.
George Joseph Buckley, New York.
Henry Charles Newburger, Maryland.

MAGNA CUM LAUDE AND FACULTY GOLD MEDAL

James Denis Gregg, North Carolina.

CUM LAUDE

Edward Ruel McClintock, Canada.
Louis Lohmann, Maryland.
James Warriner Davis, New York.
Thomas Lee McCarriar, Maryland.
John Henry Kiniry, New Hampshire.
Clarence Wendel Fuller, New York.

PRIZES AWARDED IN GOLD-FILLING CONTEST

1. Allen Table and Bracket, to James Denis Gregg, North Carolina.

2. Vulcanizer, to Louis G. Lohmann, Maryland.

3. Set of Forceps, to Clarence Wendel Fuller, New York.

4. Swaging Outfit, to Edward Ruel McClintock, New Brunswick, Canada.

The graduates and honors in Law were as follows:

John Lawrence Fox, Maryland.
Joseph Morton Lehman, Maryland.
Mary Virginia Meushaw, Maryland.
Chester Fogleman Morrow, Maryland.
Roy Roush, Maryland.
Jacob Schvanenfeld, Maryland.
Maxwell Suls, Maryland.
George Washington Williams, Jr., Maryland.

The address of the evening, by Hon. L. Irving Handy, of Delaware, was one of the best that has been delivered at Commencement for a long time, and held the undivided attention of the audience. His illustrations from personal ex-

perience not only were well received but left their impression upon every one present. All through his talk he distributed just the proper amount of delicate humor to keep things spicy; and when he took his seat, with a last tribute to the graduates and the ladies, there were many sighs of regret that the pleasant evening had passed so quickly.

The benediction was pronounced by the Rev. Dr. Kinsolving.

ETHICS IN PROFESSION

By A. K. Yoosuf, M. D., of Worcester, Mass.

(Continued from last month.)

A physician should not be hasty in giving his prognosis. There are a few, however, who adopt such means to show the gravity of the disease and thereby make their services appear more important and secure a greater reward. It is proper to give the necessary information concerning the gravity of the disease; but the physician must always look to the star of hope, just as well as the patient. As there are few events in human affairs which are certain, the physician should always guard his prognosis and then be a minister of hope, to comfort the sick and encourage the hope of the relatives.

It is the duty of the physician to exercise proper care and diligence in treating every case. Sometimes patients suffer and die as a consequence of neglect on the part of the physician. Gross negligence is a crime, and the conscience of the attending physician will be the judge in condemning him. Medical education and scientific knowledge have been so greatly advanced by the uses of the microscope and by research in the pathological, biological and chemical laboratories that hardly a physician will fail in diagnosis and treatment if he exercises the proper care and judgment.

A medical man, more than any other individual, is called upon to give consolation in the hour of trouble, for to him alone is often confided the heart sorrows of his fellow creatures. What is a medical man worth, who has no feeling for his patient? Have you not sometime felt the humid clay-like grasp of your friend? Have you not seen the lusterless eyes and prostrated and expiring body of a husband or father, as he lies encircled by his wife and children? Such conditions are heart-rending, and the physician suffers and feels deeply under such conditions. Who is the first appealed to by the destitute in the hour of nature's suffering? Who is the most ready to attend on such occasions? It is the medical man. Wherever human misery exists; wherever pain is endured; in the lowest parts of the cities, where disease, death and contagion exist in all their offensiveness, you can always find the physician alleviating pain, soothing the sorrowful, and consoling the bereaved. An interesting example of self-devotion was given by Gentile da Fluigo, a celebrated physician of the fourteenth century. In the year 1340 the "black death" devastated Italy, and when it broke out with fury at Genoa, Gentile went to assist her inhabitants. He wrote his "Consilium de Pesti" for the general instruction, devoted himself unceasingly to the relief of the sick, and at last, being attacked by the disease, succumbed to its effects. His pupil' Francesco de Fuligno, attended him to the last and determined to preserve the memory of his master's self-sacrifice. In modern times medical men have been faithful to their calling and have laid down their lives for humanity. "Most men," says Marx in his Aphorisms, "even soldiers, risk their lives but once; but physicians, often and without the slightest compensation."

Temperance is essential among professional men, as the practice of both medicine and surgery need a clear mind and steady hand. Philip of Macedon reposed with entire security on the vigilance and attention of his friend, General Parmenio. In his hour of mirth and joy, he used to say, "Let us drink, my friends; we may do it in safety, for Parmenio never drinks." When one approaches a grave case with complications and pressing symptoms, then he will be able to direct his mental eyes to the safest and surest principles of treatment, like the Zeus of Homer,* who, amidst the clamor of the Trojan combatants, turned his eyes on the peaceful labors of an inoffensive peasantry. The acquirement of such a habit of temperate thinking and acting has an important influence on the whole plan of life.

Physicians necessarily associate with all classes in a community, from the coarsest to the most refined. It is therefore desirable that the habits and manners of physicians should be such as not to appeal to the patient unfavorably. Roughness never suffers by contact with the smooth and polished, while refinement shrinks from harsh and course manners. It is the duty of a physician to cultivate a refined manner and to be a gentleman on all occasions, whether in the sick-chamber or in his office.

There are two kinds of politeness: One is *conventional*, and the other *essential*. The former refers to the mode of dress, movement, eating, drinking and all ceremonial intercourse. These, though of little importance in themselves, have influence upon the public. A neglect of them brings disapproval and ridicule and often interferes with social recognition and professional success.

The second kind of politeness, the *essential*, is the outward expression of benevolent feeling, goodness of heart, sound principles, and noble sentiments. These are indispensable qualities and often pave the way to success. They are the index of the true gentleman. It may not be easy to define the word "gentleman," and yet we know its significance and recognize a gentleman when we meet one. We love, admire, and esteem him as a superior person just as we distinguish the precious stone from the common. There are two characteristics in his dignity: respect for himself and politeness toward others. Self-respect will not allow him to do what is vulgar, unmanly, rude or selfish. His manner toward others is such that they feel comfortable and easy in his presence. He is cheerful and considerate in a sick-room. His eyes express love and sympathy, and his countenance reflects thoughtfulness. This quality of gentlemanliness has much to do with a professional man's success. I know lawyers and physicians who are learned and studious,

*Pope's Homer's Iliad. Bk, xiii.

but the lack of this one necessary endowment keeps them in a lower rank in their profession.

Gentlemen, these traits are not like a coat, to be put on and taken off as you please; they are lasting qualities of character, to be cultivated diligently, lest you should wrong yourself and give insult to your professional brother and the community among whom you labor. Take upon yourself the bearing of a gentleman, with the motives and virtues of a conscientious man and a sincere Christian, and be true to the sound principles of morality and the high calling of your profession.

Worcester, Mass., August 20, 1908.

NEW ENGLAND ALUMNI OF BALTIMORE MEDICAL COLLEGE

The following letter, from Dr. Charles S. Gilman, Secretary of the New England Alumni Association of Baltimore Medical College, is self-explanatory. THE TRIANGLE takes pleasure in publishing the constitution and by-laws of the Association, as requested:

SEPTEMBER 22, 1908.

Dr. Frederic V. Beitler,
Halethorpe, Md.

My Dear Doctor Beitler:

You will think that I am a little slow about sending in a report of our Third Annual Meeting and Banquet, but I have been out of town nearly all the time since our meeting, and have just got to that place where I can do something for the Association. We all enjoyed having Dr. Johnson with us, and I think that he was fully satisfied with his greeting. We arranged to have him invited to the Mass. Med. Society dinner, and I think that he enjoyed that. We had a pretty good crowd out and all had a good time. We made an increase of 100 per cent in membership last year, and if we can do as well this year we all ought to feel satisfied. I am going to send out a circular letter to all graduates of B. M. C. who are located in New England, and see if we cannot stir up a little more interest. I hope that you will have room to print our constitution and by-laws. You may remember that I sent a copy last spring. If you have room for it and have misplaced the copy which I sent, let me know, and I will send another copy. We voted to prepare a list of members and send a copy to each member, so that we all can keep run of each other.

I hope that you are well and prospering, and that you will feel free to call upon me for anything that I can do to help along the interests of Baltimore Medical College

Sincerely yours,

C. S: GILMAN.

CONSTITUTION OF THE NEW ENGLAND ALUMNI OF BALTIMORE MEDICAL COLLEGE.*

ARTICLE I.

The name of this Association shall be "The New England Alumni of Baltimore Medical College."

ARTICLE II.

The object of this Association shall be to promote good-fellowship, both socially and professionally, among the members, and to advance the interests of the Baltimore Medical College in New England.

ARTICLE III.

Any graduate of Baltimore Medical College, located in New England, who can furnish satisfactory evidence to the President and Secretary, as to his character and professional standing, may become a member of this Association by paying the dues for the current year and signing the Constitution and By-Laws.

ARTICLE IV.

The officers of this Association shall consist of a President, Vice-President at Large, one Vice-President from each of the New England States, a Secretary, a Treasurer, and an Executive Committee.

ARTICLE V.

This Constitution may be changed or amended by a two-thirds vote of the members present, and voting, at any regular meeting, provided that such changes, or amendments have been submitted, in writing, at some previous regular meeting of the Association.

BY-LAWS OF THE NEW ENGLAND ALUMNI OF BALTIMORE MEDICAL COLLEGE.

ARTICLE I.

Meetings.

Section 1. All regular meetings of this Association shall be held in Boston, Mass., at such place and hour as may be determined by the Executive Committee.

Section 2. The annual meeting and banquet shall be held on the second Wednesday in June, of each year.

Section 3. Regular meetings shall be held on the first Wednesday of November and March, at which at least one paper, on some medical or surgical subject, shall be prepared and read by some member of the Association.

Section 4. Special meetings may be called by the President whenever he deems it necessary, or must be called by him at the written request of six members of the Association who are in good standing.

ARTICLE II.

Election of Officers and Their Duties.

Section 1. The Officers of this Association shall be chosen by ballot at the annual meeting in June, and they shall serve until their successors are chosen and qualified.

Section 2. It shall be the duty of the President to preside at all meetings of the Association, in a fair and impartial manner, to call special meetings when he shall deem it necessary, or at the written request of six members who are in good standing. He shall, together with the Secretary, approve all bills which may be contracted by the Association, and he shall perform such other duties as may properly belong to his office.

Section 3. The Vice-President at Large shall perform the duties of the President during his absence.

Section 4. The Vice-President from each of the New England States shall endeavor to promote the interests of the Association in his respective state, and he shall notify the Secretary of any change of address of any graduate of Baltimore Medical College who is located in his state, and of the advent of any such graduate within the bounds of his jurisdiction.

*This is an exact copy of the report of the committee on revision and change of By-Laws and Constitution.- C. S. G.

Section 5. The Secretary shall keep a record of the transactions of all meetings of the Association. He shall, together with the President, approve all bills which may be contracted by the Association. He shall mail a notice of all meetings of the Association to each member at least five days previous to such meetings. He shall attend to all correspondence, and shall be the custodian of all papers and property belonging to the Association, and he shall attend to such other duties as may properly belong to his office.

Section 6. The Treasurer shall receive all funds and pay all bills, which shall have been approved by the President and Secretary of the Association; and he shall keep an account of his receipts and expenditures, and make an itemized report of the same at the annual meeting in June.

Section 7. The records and accounts of the Secretary and the Treasurer shall be subject to an examination by any member of the Association at any time.

Section 8. The Executive Committee shall be composed of the President, Vice-President at Large, Secretary, and Treasurer. They shall determine the place and hour of meetings, arrange programs for the same, and shall exercise a general supervision over all of the affairs of the Association.

ARTICLE III.

Dues.

Section 1. The annual dues of this Association shall be two dollars ($2.00), payable at or before the annual meeting in June, and shall include a subscription to the regular Alumni Journal of Baltimore Medical College, as long as the subscription price of that Journal shall not exceed seventy-five cents ($0.75) per year.

Section 2. Any member who neglects the payment of two consecutive annual dues, and who continues to neglect payment after due notification by the Treasurer, will be deprived of the privileges of the Association. Such members, on making application to be restored to membership, may be so restored upon payment of arrears, subject to the approval of the President and Secretary.

ARTICLE IV.

Papers.

A copy of all papers read by any member of the Association at any of its meetings must be furnished the Secretary, who shall preserve the same for any further use of the Association.

ARTICLE V.

Trials.

Any member who shall be found guilty of malpractice or unprofessional conduct, after a fair and impartial trial, conducted by a committee appointed for the purpose at a regular meeting of the Association, shall be expelled from the Association by a decree from the President, if, in his judgment or opinion, the report of the committee warrants such a procedure.

ARTCLE VI.

Changes.

These By-Laws may be changed, or amended, at any regular meeting of the Association, provided such changes, or amendments, shall have been submitted in writing at some previous regular meeting of the Association.

ORDER OF BUSINESS OF THE NEW ENGLAND ALUMNI OF BALTIMORE MEDICAL COLLEGE.

1. Reading of the Records of the Last Meeting.
2. Reports of Committees, etc.
3. Election of Officers (at the annual meeting).
4. New Business.
5. Incidental Business.
6. Presentation of Papers.
7. Refreshments.

NEW ENGLAND ALUMNI BANQUET

The third annual meeting and banquet of the New England Alumni of Baltimore Medical College was held at Young's Hotel, Boston, Mass., Wednesday evening, June 10, 1908. Professor Robert W. Johnson, of Baltimore Medical College, was present as a guest of the association, and he responded for the Faculty during the after-dinner speaking, which was as follows: Toastmaster, Dr. F. A. Sullivan, of Haverhill, Mass., President of the Association. Toasts: "The Faculty," Prof. Robert W. Johnson; "Expert Testimony," Dr. Francis D. Donoghue, of Boston, Mass.; "Our Alma Mater," Dr. Walter H. Sturgis, Allerton, Mass.; "The Country Doctor," Dr. E. C. Conroy, Lawrence, Mass.; "Our New England Graduates," Dr. Charles A. Glancy, Bristol, R. I.; "The General Practitioner," Dr. Thomas J. Dougherty, Somersworth, N. H.; "The Specialist," Dr. A. E. Brownrig, Nashua, N. H.; "The Paysician's Duty to the Public," Dr. George M. Burroughs, Danielson, Conn.; "The Ethics of the Profession," Dr. A. K. Yoosuf, Worcester, Mass.

After the speaking was completed, the Secretary read the minutes of the last meeting, which were approved. On the motion of Dr. W. E. Lawrence, of North Haverhill, N. H., the President appointed the following committee to nominate a list of officers for the ensuing year: Dr. W. E. Lawrence, Dr. P. C. Devlin, Dr. A. K. Yoosuf, Dr. T. F. Tierney and Dr. C. A. Glancy.

The Secretary read the draft for the new constitution and by-laws, which was reported at the last meeting. This was accepted as read, by a two-thirds vote of all members present and voting.

The committee on nomination of officers reported, and as only one list was presented, the Secretary was instructed to cast one ballot for the entire list, which was as follows: President, Dr. Melvin G. Overlock, Worcester, Mass.; Vice-President, Dr. Henry J. Keaney, Everett, Mass.; Vice-Presidents from each State: Maine, Dr. A. E. Wyman, Georgetown; New Hampshire, Dr. Thomas J. Dougherty, Somersworth; Vermont, Dr. C. Hamilton Hazen, Springfield; Massachusetts, Dr. Walter H. Strugis, Allerton; Rhode Island, Dr. Charles A. Glancy, Bristol; Connecticut, Dr. George M. Burroughs, Danielson; Secretary, Dr. Charles S. Gilman, 419 Boylston Street, Boston; Treasurer, Dr. T. Branch Alexander, Scituate Harbor, Mass; Executive Committee, Dr. M. G. Overlock, Dr. H. J. Keaney, Dr. C. S. Gilman, Dr. T. B. Alexander.

The report of the Treasurer was read and accepted. It was voted to extend the thanks of the Association to the Faculty of Baltimore Medical College, for sending Dr. Johnson, and to Dr. Francis D. Donoghue for his interesting talk on "Expert Testimony." On motion of Dr. W. H. Strugis, it was voted to instruct the Secretary to prepare a list of all members of the Association, and have it printed at the expense of the Association, and mail a copy to each member. Adjourned at 11 P. M.

Those present at the third annual banquet and meeting of the New England Alumni of Baltimore Medical College were:

Guests: Professor Robert W. Johnson, Baltimore, Md.; Dr. Francis D. Donoghue, Boston, Mass.

Graduates and members: Dr. T. Branch Alexander, Scituate Harbor, Mass.; Dr. A. E. Brownrigg, Nashua, N. H.; Dr. G. M. Burroughs, Danielson, Conn.; Dr. M. J. Brown, New Bedford, Mass.; Dr. T. F. Cotter, Somerville, Mass.; Dr. C. C. Carroll, Chelsea, Mass.; Dr. E. C. Conroy, Lawrence, Mass.; Dr. P. C. Devlin, Lynn, Mass.; Dr. Frederick Dugdale, Lowell,

Mass.; Dr. T. J. Dougherty, Somersworth, N. H.; Dr. J. T. Fleming, Pascoag, R.I.; Dr. R. C. Fish, Worcester, Mass.; Dr. H. J. Falvey, Worcester, Mass.; Dr. F. S. Garrett, Chelsea, Mass.; Dr. C. S. Gilman, Boston, Mass.; Dr. C. A. Glancy, Bristol, R. I.; Dr. J. P. Hanlon, Hudson, Mass.; Dr; C. E. Harris, Hyannis, Mass.; Dr. C. P. Hutchinson, Auburndale, Mass.; Dr. L. H. Hendee, Pittsfield, Mass.; Dr. N. M. Kalousdian, Watertown, Mass.; Dr. H. A. Kelley, Winthrop, Mass.; Dr. H. J. Keaney, Everett, Mass.; Dr. L. B. LeGro, Haverhill, Mass.; Dr. W. E. Lawrence, North Haverhill, N. H.; Dr. C. B. Livingston, Lowell, Mass.; Dr. F. W. Mitchell, Houlton, Maine; Dr. A. L. Miner, Bellows Falls, Vt.; Dr. W. N. Miner, Calais, Me.; Dr. W. H. Morris, Everett, Mass.: Dr. W. F. McGrath, North Adams, Mass.; Dr. M. G. Overlock, Worcester, Mass.; Dr. L. F. Playse, Hopkinton, Mass.; Dr. Wm. Rowley, Lanesville, Mass.; Dr. T. H. Redmond, Lawrence, Mass.; Dr. W. H. Sturgis, Allerton, Mass.; Dr. F. A. Sullivan, Haverhill, Mass.; Dr. A. F. Sumner, Manchester, N. H.; Dr. G. A. Troxell, Harding, Mass.; Dr. A. C. Thomas, Middleton, Conn.; Dr. T. F. Tierney, Hudson, Mass.; Dr. D. G. Underwood, Bradford, N. H.; Dr. G. L. Wallace, Wrentham, Mass.; Dr. Geo. Webster, Globe Village, Mass.; Dr. A. E. Wyman, Georgetown, Maine.; Dr. A. K. Yoosuf, Worcester, Mass.; Dr. C. S. Valcour, Nashua, N. H.

MEETING OF NEW ENGLAND ALUMNI ASSOCIATION

The regular fall meeting of the New England Alumni of Baltimore Medical College was held at the Quincy House, Boston, Wednesday evening, November 4, at 7:30 P. M. Eighteen members were present. The meeting was called to order by the President, Dr. Melvin G. Overlock, of Worcester, Mass. The records of the last meeting were read and approved. The matter of holding the next meeting of the Association at Worcester, Mass., was discussed, and it was left to the discretion of the President. It was voted that the Secretary should send a circular letter to the New England graduates of Baltimore Medical College, explaining the objects of the Association, and urging all to join.

Dr. Arthur F. Sumner, of Manchester, N. H., read a paper entitled, "Will the State Eventually Take Over the Practice of Medicine?" This paper was well received and brought out a good discussion by nearly all who were present.

Dr. Ralph C. Fish, of Worcester, Mass., read a paper, "Surgical Treatment of Dysmenorrhea." Dr. Fish presented a few original ideas in regard to treatment, and his paper was well discussed.

The applications of Dr. L. J. Lacasse, Manchester, N. H., Dr. Louis L. Hoff, Roxbury, Mass., and Dr. George F. Dodge, Wilmington, Mass., were received, and they were duly elected members of the Association.

After light refreshments the meeting adjourned at 11 P. M.

C. S. Gilman, M. D., Secretary.

B. M. C. SCORES ON MT. WASHINGTON

Although outweighed by their opponents, the B. M. C. team succeeded in scoring on the strong Mt. Washington team in the game which took place at Mt. Washington on Saturday, October 24. This is the first time Mt. Washington has been scored against in the last two years, and B. M. C. has a right to rejoice as much as though they had beaten a weaker team.

The game was called at 4 P. M. amid a downpour of rain on a soggy field, before a small but enthusiastic crowd. In the first eight minutes from the whistle, Mt. Washington succeeded in making two touch-downs. After that our men seemed to brace up, and their opponents could not score again. In the second half, B. Leslie kicked a field goal from the 25-yard line, thus making the score 12 to 4 in favor of Mt. Washington.

Favorable comment was heard on all sides upon the excellent playing of the Mt. Washington team. Much surprise was expressed when Nauwrath, last year's captain of our team, appeared on the opposing side as left tackle.

B. M. C.		MT. WASHINGTON.
Devine, Roddy	F. B.	Blank
Cornforth	R. H.	Jendrek
B. Leslie (C.)	L. H.	Bayless
Childs	C.	Oehrl
Hill	R. G.	Pearce
MacNaught	L. G.	Cogswell
Kolseth	R. T.	Herman
La Fortune	L. T.	Nauwrath
Riordon	R. E.	McCrowe
E. Leslie	L. E.	Mealy, West
Malone	Q. B.	Effinger

RESOLUTIONS ADOPTED BY THE CLASS OF 1909 UPON THE DEATH OF THEIR CLASSMATE, W. J. FAGAN.

Whereas it has pleased God in His infinite wisdom to remove from our midst one of our esteemed classmates, be it

Resolved, That we, the members of the class of 1909, of the Baltimore Medical College, desire to express our sincere sympathy to his family in their bereavement.

Resolved, That a copy of these resolutions be sent to the sorrowing family.

Resolved, That a copy be printed in the local papers of Pittsfield, Mass., in the daily papers of Baltimore, in the College Triangle, and in the College Annual.

Resolved, That a copy be sent to the Beta Beta Chapter of the Phi Chi Fraternity.

Resolved, That a copy of these resolutions be read before the Class, November 9, 1908.

A. Graham,
E. R. Lewis,
Clyde C. Johnson,
Geo. A. Zimmerman.

FRATERNITY RESOLUTIONS

Inasmuch as the Divine Ruler has seen fit to call from our midst our beloved Brother, Wm. J. Fagan, be it

Resolved, That we, the members of Beta Beta Chapter of the Phi Chi Fraternity, mourn the loss of our departed Brother, whose modesty and nobility of character, kind deeds and words, won for him a place not only in the hearts of his Greek-Letter Brothers, but in the hearts of all who knew him.

Be it further resolved, That the Phi Chi Fraternity has sustained an irreparable loss in the sad demise of our Brother.

Be it further resolved, That to the family of our departed Brother we extend our heartfelt sympathy in their bereavement.

Be it also resolved, That a copy of these resolutions be sent to the family, a copy be published in the Phi Chi Quarterly, a copy in the College paper, and a copy be spread on the minutes of the Beta Beta Chapter.

Chas. B. Korns,
Walter J. Layman,
Chas. J Maxwell,
Committee.

The ALUMNI-TRIANGLE

The Best of Everything and Plenty of It

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The Business Manager's office is located at 1139 Bolton St., where all business communications, subscriptions and advertisiug contracts should be sent.

All alumni articles for publication, literary communications, etc., should be sent to the editor. Halethorp, Md.

Vol. 4 November, 1908 No. 2

Editorial

The B. M. C. Exhibit

It is with great pleasure and satisfaction that the Alumni of the Baltimore Medical College can look back upon the pathological exhibits of the International Conference on Tuberculosis and see their Alma Mater's among the best.

The Baltimore Medical specimens were placed in the Maryland Exhibit and took the most prominent place of any of the Maryland colleges. The specimens of human tuberculosis were excellent. The preservation and mounting in all of the recent specimens compared favorably with those of other institutions. The older specimens, of course, looked a little off color, due to the fact that they had not been preserved in Zenker's fluid; but this was no exception to the general rule, as nearly all exhibitors had quite a few of these old formalin specimens.

The veterinary pathology of the Baltimore Medical College was by far the best American exihibit of its kind. The only detriment to the entire section was the round jars in which the specimens were placed, the concavity in some instances distorting the specimens. The preservation of color, etc., was very good, and the mounting deserves special mention. Our attention was drawn to the variety of specimens. Tuberculosis lesions of all the organs, nervous system, etc., in all stages, were exhibited. The variety of lesions was not equaled by any of the other exhibitors; and even the exhibit of the United States Bureau of Animal Industry did not have the variety of our exhibit, though their specimens were well selected and excellently mounted, most of them having been purchased in Berlin by American veterinary surgeons appointed by this bureau.

This part of the exhibit was especially interesting from the standpoint of human infection by bovines, most of the papers and discussions during the conference having been upon this subject. We noticed the intense interest manifested by numerous health officers, especially those from the Southern States, when receiving demonstrations upon these specimens, showing that they were the proper specimens in the proper place, and touched upon subjects of vital interest to the protectors of health in many communities. We congratulate our Alma Mater on being the first Medical College to exhibit and demonstrate specimens from this source.

To Dr. Harry Wegefarth's untiring efforts is due the preservation and mounting of all the bovine specimens, and he is also to be highly commended on his efficiency as a curator, as well as a good exhibitor. To those of us who have never prepared any specimen the matter does not seem large, but at present most of our pathology is being taught by this method, and just as a school does or does not have good specimens, so do her men have or not have a good groundwork in gross pathology.

College Spirit

College spirit is a rather comprehensive term, yet it is one which is many times misconstrued. When this spirit is rightly understood and properly manifested, it is of great benefit to any student-body and is the means of increasing the pleasure and profit of fellowship among its members; but let college spirit degenerate into the partisan rivalry of cliques, and a great deal of harm must necessarily result.

This catholic spirit should charac terize every man at any college. No matter how his college ranks, or what its equipment may be, so long as the college treats him squarely he should always be ready to speak a good word for his future Alma Mater; for, if the college is sufficiently good for him to attend, it is good enough to merit his praise. A man who will attend any college and then condemn it is a hypocrite.

True college spirit must of necessity come to a man from a twofold consciousness that he is willing to do his best to make a success of his course and that the college is doing its best to aid him in his efforts. Such an attitude between the college and man can not but be conducive to college spirit.

But often this spirit is misconceived, and many times the misconception is caused by the factional spirit of fraternity or class. This factional spirit is a hindrance to true college spirit, and is therefore a detriment to a student-body, causing more discord than any other thing. Fraternities are, under proper conditions, conducive to good results; but let a man come to think his is the only one to be considered, an that anyone outside of his fraternity, or outside of fraternities entirely, is

not worthy of his esteem or good-will, and you have a man in whom no college spirit worthy the name can exist. He is too narrow. The term implies breadth of mind and interest; and the student who cannot look beyond his own fraternity brothers and discern the good there is in the rest of his college mates, is missing the true meaning of the fraternal spirit; for college spirit is a fraternal one, only in a larger sense.

The same condition ofttimes exists in the different classes. Many men, in their zeal to make their class stand out most prominently and win the most honors, forget what true fraternalism is, and again the sectional spirit shows forth, to the detriment of that class and the student-body in general. Class spirit is simply a subdivision of college spirit, and, when properly shown, is an incentive to other classes to work the harder; but if this spirit goes so far as to antagonize the other classes, then it becomes a hindrance to the welfare of the college.

Sometimes students fail to discern the great gulf between college spirit and rowdyism, and seem to think that, in acting in public places in a rough and boisterous manner, they are showing college spirit; but quite the reverse is true. When any student acts in any other than a refined manner, whether on the street, in a public place, or in his room, he is as far from college spirit as the earth is from the sun. Good wholesome fun is liked by any one except the pessimist; but there is no excuse for its degenerating into rowdyism.

May every student in B. M. C. get this true college spirit—not the spirit that erects barriers between men or classes, nor the kind that antagonizes every one who is not just to one's liking, but the spirit that makes every student feel that he is a part of the student-body and has the sympathy of all his college mates for his welfare and success. Such a feeling among the students will make college life pleasanter, its tasks easier, and its successes greater; and such a feeling is true college spirit.

A Possibility

Many of the medical colleges throughout the United States receive directly from the preparatory schools or colleges numerous students each year. Some of the medical colleges are in direct affiliation with these various schools, and give their students legitimate inducements, either in a curriculum from which they drop a number of the elementary subjects, or, as is more commonly practiced, in a great advantage in time, giving either one or two years to the holders of diplomas from these schools. The Baltimore Medical College is in affiliation with none of these schools, but draws upon the country at large for her students, a task which is each year becoming more difficult. We see the requirements of the matriculate becoming greater and greater, and in the near future he will have to carry a degree of bachelor of arts, before he will be acceptable to any of the colleges in the American Medical Association.

It seems to us that, with the increasing growth of our College and its Faculty, we could initiate a course in the arts to younger students, and furnish them with the degree of A. B., the course to be of four years' duration, the last two of which being chiefly preparatory for the medical school. Thus two degrees would be conferred in six years, while still complying with the rules laid down by the A. M. A. This would give quite a number of well-qualified students every year and also establish a greater prestige among the colleges. With the large lecture-halls and laboratories afforded by the new building, this line of work could be very easily taken up. Most of the equipment needed is now in possession of the Faculty, and with the addition of a few members to that body, we feel confident of the birth of a coming university.

B. M. C., 46; U. of M., 0

On November 14, B. M. C. played the U. of M. football team to a standstill. During the week previous to this game, the B. M. C. fellows had been faithfully practicing, and the result was so wondrous that even some of the students who ordinarily do not know whether or not B. M. C. has a football team, actually took notice and gave the team a few words of encouragement. When such a miracle as encouragement from a certain part of the student-body occurs, something great must happen; and it did, for B. M. C. won the game, not only because she was pitted against a lighter team, but because her men had put in one week of decent practice.

The result of this game shows that when the fellows will do their best, in co-operation with the efficient coaching of Dr. Stonecipher, who has faithfully worked for the team's interest, B. M. C. can have a football team of which to be proud; and the team owes its victory, to a great extent, to the practical instruction by this coach.

About three hours previous to the game, the weather man took to himself a grouch and vented his spite upon the innocent and unsuspecting football players and followers. At first it snowed; and then, for a change, it rained; and at times there was a combination of both that would put to shame one of the real old Western blizzards about which we used to read in our childhood days. As a result, the gridiron, when the game was called, had a formula which would cause a state chemist to have wrinkles in his forehead for life. A special rule was made before the game, which stated that it was "no fair" to hit any man with a snowball, and that any man caught doing so would be put out of the game for rough playing. As a matter of fact, after the football had struck the ground three times, it looked more lake a snowball than a football.

After a copper had been found in the crowd and tossed up by the two captains to see who was who and what was what, the two teams lined up. U. of M. kicked off to B. M. C., and a slaughter of the innocents began, and the University boys were the lambs. As the ball was kicked, a shower of water fell off from it, which at first hid it from view; but at last a B. M. C. man discovered the ball, and, tenderly tucking it under his arm, raced down the field. At last he was tackled, but the air-brakes re-

fused to work and he slid twenty yards more for an immense gain. A few more line plunges (they might be called "cold plunges") were tried, and the snow-laden ball was put behind the goal for a touch-down by La Fortune.

And so it went; touch-down after touch-down was made by hard, fast playing on B. M. C.'s part. When the ball was getting too soggy to carry, B. Leslie would shake out the water by kicking the ball between the two-by-fours for a field goal.

Every man who played did his best and showed the result of practice. B. Leslie, who played at quarter-back, ran the team in fine shape, which fact is partly accountable for the score. Mahaney and La Fortune, tackles, did great work in line-plunging. E. Leslie and Riordon, at ends, were invincible, and each made two great catches of forward passes. The rest of the line men played a fine game, opening up many holes and the backs ran fast and for good gains.

LINE-UP

U. OF M.		B. M. C.
Dreher	L. E.	E. Leslie, Malone
Bauman, Squirrel	L. T.	LaFortune, Nauwrath
Condit	L. G.	Bond
Britton	C.	Childs
Mangold, Reiman	R. G.	Hill, MacNaught
Mettle	R. T.	Mahaney
Blake	R. E.	Riordon, O'Malley
Gibson	Q. B.	B. Leslie (Capt.)
Patrick	R H.	Roddy, Riley
Shull	L. H.	Holley, Cornforth, Barrett.
Israel	F. B.	Devine

Referee—Whitehurst, M. A. C. Umpire—Hull, U. of M. Timekeepers—Maslon, Bennett. Head linesman—Talbot. Time of halves, 25 and 20 minutes. Touch-downs—B. M. C., 7. Field Goals—B. Leslie, 2. Goals—B. M. C., 3. Score—B. M. C., 46; U of M., 0.

Delta Mu: Historical Sketch

In the year 1899, a select few of the students of Baltimore Medical College, realizing the need of another fraternity in the school, which should stand for those things which should be the object of any fraternity, got together and organized the Delta Mu. Its beginning, like that of our financial magnates, was quite humble. The members met at one another's rooms weekly for purposes of study; and by the exchange of ideas, and the encouragement they afforded one another, coupled with zeal in their studies, they soon rose to a foremost place in their classes.

It was not long, of course, until the founders of the society graduated; but the organization was left behind them, and is at present a leading fraternity in the school—a position which has been attained by the record of its members, and by the care and discrimination used by them in the selection of new candidates.

The aims of the fraternity are the promotion of good-fellowsbip and good scholarship—neither are without the other—and the fact that among the alumni of Delta Mu are ranked such men as Drs. Novak, Clapp, Hayward, Beitler, Delevette, and many others who hold positions of equal importance in their chosen profession, indicates that those aims have been fulfilled. Since 1900, when the first Delta Mu's were graduated, six gold medals have been won by members of this fraternity, and about half of the honor men have been enrolled under the Delta Mu standard—which is certainly a remarkable showing, when it is remembered that there are four other medical fraternities in the school, besides a large percentage of non-fraternity men. In the graduating classes of 1907 and 1908, 11 out of the 21 honor men in each class were members of the Delta Mu Fraternity, Dr. Procter taking the gold medal the former year, and Drs. Anderson and Marshall tying for it last year—a thing that has never before occurred. In the Hospital, this year, all but one of the Resident Physicians are members of the fraternity.

Delta Mu has no members in the present Senior Class, which is explained by the fact that when the class of 1909 were Freshmen, Delta Mu men took no one before the Sophomore year. The older fraternities taking Freshmen that year, and a new fraternity being organized in the school, nearly all the available men who desired to join fraternities did so that year, with the result that, in 1905, in self-defence, Delta Mu was obliged to admit Freshmen also—a step which, so far, they have had no cause to regret, having taken the Gehrmann scholarship both years, and secured a bunch of fellows which speaks for itself, while they are initiating a first-class lot of Freshmen this year.

The fraternity has this year secured a most excellent location, at 803 Hamilton Terrace, where they have a large room, convenient to the College, and to the boarding places of most of the members. Here their regular meetings and quizzes are held—for in addition to the social features of the fraternity, the members from each class have two quizzes per week, on such subjects as they may choose, selecting their quiz-masters from among their alumni.

The roll-call of the fraternity at present is as follows:

1910

Carignan,
Clancy,
Edwards,
Gault,
Gorisse,
Haight,
Heimer,
Jones,
Kincaid,
Kvatsak,
MacFarland,
MacNaught,
Pruitt,
Tod,
Warren,
Wright.

1911

Bauersfeldt,
Feifer,
George,
Girt,
Jenkins,
Markell,
Martin,
McKenna, J. P.
McKenna, P. G.
Salton,
Solles,
Thompson,
Trevaskis,
Wilson.

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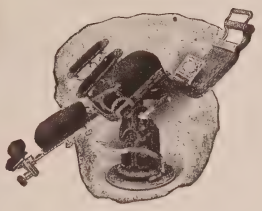

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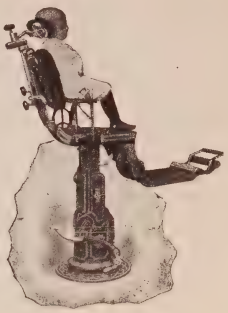
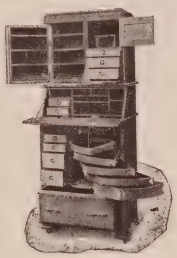


Harvard Child's Seat



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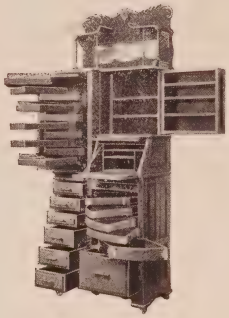

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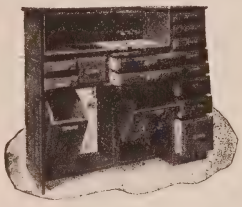
Comfort to Patient.
Ease of Adjustment.
Access to Working Parts.
Correctness of Mechanical Principles.
Kind and Strength of Material Used.
Simplicity of Construction.
Artistic Design.
Everlasting Durability.
Superior Workmanship and Finish.



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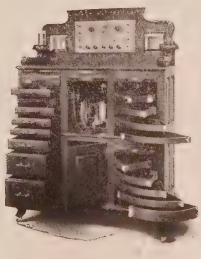

Harvard Switchboard Cabinet, Style 52X

Harvard Switchboard Cabinet, Style 56X

PERSONALS

Dr. George F. Dodge, '06, is located at Wilmington, Mass.

Dr. Rollin J. Goss, '96, has removed from Norwich, Vt., to Wilder, Vt.

Dr. W. T. Slayton, '94, has removed from Hyde Park, Vt., to Morrisville, Vt.

Dr. F. A. Sprague, '06, is located at Concord, N. H., where he has a steadily increasing practice.

Dr. W. E. Lawrence, '96, of North Haverhill, N. H., is chairman of the school board in that town.

Dr. Jas. E. Smoot, '00, of Concord, New Hampshire, is taking a post graduate course at the Baltimore Medical College.

Dr. F. D. Garrett, '98, of Gainesville Texas, dropped in upon the present faculty and received a real Baltimore welcome from them.

Dr. F. W. Mitchell, '98, of Houlton, Maine, spent the summer in Boston, Mass., taking postgraduate courses in eye, ear, nose and throat.

Dr. C. Hamilton Hazen, '01, has removed to Springfield, Vt., where he is doing eye, ear, nose and throat work, in connection with his general practice.

Dr. F. S. Garrett, '98, was one of the Chelsea (Mass.) fire sufferers. He lost everything in the fire of April 12, 1908. He is now located at 124 Washington Avenue, Chelsea, Mass.

Dr. W. C. Haviland, '04, has been appointed neurologist at the Worcester (Mass.) City Hospital., and Dr. Melvin G. Overlock, '96, has been re-elected trustee of the same institution.

Dr. T. A. L. Gallagher, '02, is located at Buffalo, N. Y., and is doing excellently. He was recently elected Supreme Medical Examiner of the Order of Foresters of the United States.

Dr. Arthur F. Sumner, '02, has removed to the Dunlap Block, Manchester, N. H., where he has an elegantly appointed office for the practice of diseases of the eye, ear, nose and throat.

Dr. Brown, last year's chief resident physician to the Maryland General Hospital, was back to see how things looked, and was much surprised at the numerous changes that have taken place.

Dr. W. C. Stone, '03, of Ellicott City, Md., brought his wife to the Maryland General Hospital to be operated upon for chronic appendicitis. We sincerely hope she will make a speedy and uncomplicated recovery.

Dr. Clyde A. Clapp, '02, of 435 East Fort Avenue, Baltimore, has been taken with the much dreaded typhoid fever and is at the Maryland General Hospital. He is at present running a very even course, and we have every reason to believe he will make a speedy recovery.

Dr. William E. Dolan, '02, was married, April 27, 1908, to Miss Elizabeth M. Doyle at Worcester, Mass., and they will live in their new house at Whitman and Sagamore Roads, which was a gift to the bride from her parents, Mr. and Mrs. Peter Doyle, of 70 Vernon Street, Worcester.

Dr. E. A. Rogers, '04, formerly of the house staff of the Maryland General Hospital, has finished his service as senior resident physician at the County Hospital, Boston, and has opened an office in Brookline, Mass., where he is said to have excellent prospects for building up a large practice.

Dr. Edwin D. Schaeffer '93, of Reading, Pa., passed through Baltimore on his honeymoon. He brought his bride to see the old halls and ampitheatres in which he worked for his degree. The doctor is doing well and constantly adding to his practice. Both he and his bride seem supremely happy, and we wish them the best of luck.

Dr. Carl M. Sears, '04, of Paducah, Ky., died at his home, September, 26, his death having been caused by serious burns, which were the result of an explosion of a gasoline tank. He died while being transferred in a ambulance from the Riverside Hospital, at Paducah to his father's home, in Mechanicsburg. He was 26 years of age. We extend our sympathy to Dr. Sears' family.

Dr. Thos. P. Lloyd, '98, now practicing in Shreveport, La., was married on August 27, '08, to Miss Elsie Jacobs, of that city. Dr. and Mrs. Lloyd spent the remainder of the summer in Rochester, Minn., where Dr. Lloyd took postgraduate work under the famous Dr. Mayo. Dr. Lloyd, after graduating accepted the position of resident physician at the Maryland General Hospital. He was also assistant to Dr. Moseley, at this College.

Lately quite a number of the old fellows have been around the College. Some are taking post-graduate courses at the B. M. C., others at the Johns Hopkins, while still others were passing to and fro from the Anti-Tuberculosis Conference. Among those who called at the College were Dr. H. G. Nickel, '98, of 120 Market Street, Johnstown, Pa. He is at present taking a postgraduate course at Johns Hopkins Medical College.

Dr. George Abner Hammond, '84, of Amesville, Ohio, visited Baltimore lately and made an extended visit to his Alma Mater. He expressed his surprise as well as his admiration for the great strides which the College has made in his absence. Doctor Hammond wore upon his watch fob a beautifully designed medal, which was presented to him by the school as the result of his good work while a student, he having had the highest general average in his major branches.

Dr. D. Jerome O'Brien, '04, of Orange, N. J., was married on August 3, to Miss Anna Radzinski, of the same place. Dr. O'Brien was at one time a member of the resident staff of the Maryland GeneralHospital, where he made an enviable record. A prominent member of the Faculty recently declared that Dr. O'Brien was one of the ablest therapeutists ever graduated from the Baltimore Medical College. Evidently the people of Orange have recognized his merits, for he is enjoying a large and growing practice in that city. In company with his bride, a most charming and accomplished young women, Dr. O'Brien visited Baltimore on his honeymoon, and, needless to say, received a royal welcome from the many friends he had made during his residence here. We extend to him our heartiest congratulations upon the wise step he has taken.

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THINGS MEDICAL

Mellott, Cat Doctor

Hurriedly pulling on his shoes, and finishing his toilet as he rushed out of the house in answer to a call for medical assistance, by a near neighbor, a lady (whose husband, by the way, is a physician), Dr. Mellott, one of our worthy Seniors, found the poor woman almost in hysterics, crying between her sobs, "Oh! my poor kitty Tom, my poor kitty Tom! What shall I do for him?" "What are his symptoms, ma'am?" "Oh! I am afraid he is poisoned; he is vomiting and is *so* sick—Oh! what *shall* I do?" "Well, you might wash out his stomach, or give him a dose of apomorphine, or massage his abdomen a little. Why! couldn't your husband do anything for the kitten?" "My husband? My husband, did you say? I would like you to know, my husband is no cat doctor."

A Slip in Diagnosis

Augur, Brumback and Edwards, in consultation on an obstetrical case disagreed as to the number of fœtal heart-beats per minute. One was sure there was 140, another said it was 160, the other said it could not be either. Dr. Novak was called to settle what had come to be a heated dispute, and decided there was but one "beat," which was correct, as subsequent delivery proved it to be a case of still birth.

Junior Class Election

Wednesday, October 14, the Junior Class election was held, with the following results:

R. V. Quinlan, President.
J. J. Hill, Vice-President.
L. C. Warren, Secretary.
Geo. E. McElfatrick, Treasurer.
Hugh J. Downey, Editor for Annual.

The election passed off very quietly; and, although one or two offices were hotly contested for, every one appeared happy and satisfied with the result.

Freshman Class Notes

At a meeting of the Freshman Class on Tuesday, Oct. 20, John D. Mahaney was elected Sergeant-at-Arms.

The election for the representative of the Freshman Class on the Annual resulted in a unanimous vote for Frank H. Walke, of Louisiana.

The Class of 1912 has started a class fund. Each member is to contribute twenty-five cents toward this fund. The money will be used to pay the necessary expenses of the class. It is thought that a smoker will be given by the class in the near future; and there is also some talk of a banquet. The latter has not been decided upon, but we hope to be able to publish some definite news about the affair in a later issue.

Harry Camper, a member of the Class of 1912, was called to his home in Salem, Va., to the bedside of his mother, who died a few days after his arrival. The entire class extends its sincerest sympathy.

R. Agnelli, one of our brightest mem-

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while working in the laboratory. He was immediately carried to the colle c hospital, where medical treatment was given him. He is reported to be much better.

There has been a club organized by some of the Freshman Class. The name of this club is the Jolly Bone Jugglers, and its object is purely social. The charter members are Frank H. Walke, of Louisiana; Harold Webb, of Virginia; Howard Yeager, of Pennsylvania; Harry Bishop, of Washington, D. C.; Thomas Conners, of Connecticut; and Leo Brandenburg, of New York. The club is to meet once every two weeks, and it is hoped that the organization will be permanent in all of the succeeding Freshman Classes.

⚜

Griffin-Calhoun

Another Benedict of the Senior Class is Mr. Geo. Calhoun, of Leidy, Pa., who was married Sept. 27, 1908, to Miss Carrie Griffin, of Franklin, Pa. Congratulations.

⚜

Dr. B. S. Rankin, '07, one of our last graduates, dropped in and informed us that he has been working hard and gradually bringing a good practice to himself.

Dr. H. G. Tonkin, '07, of West Virginia, was another visitor, and if appearances have anything to do with success, Dr. Tonkin must be enjoying quite a following in his mountain state.

Dr. Wm. P. Daily, '06, of Steelton, Pa., visited Baltimore during the first week of College and, as usual, is still smiling and has a joke on nearly every one. He is doing exceptionally well in his home town.

The Junior Prom. is to be held Dec. 4 at Lehman's Hall, and it is the intention of the class to surpass all previous efforts in celebration of this annual event. We hope the student-body will turn out *en masse* and I assure we who attend a royal time.

T. M. Anderson, '07, of Scotland, one of the gold-medal men of late years, who is at present working in physiological chemistry with Dr. E. L. Whitney, is preparing to leave the United States for a short trip through Germany, and then to London, where he is going to take up some special work.

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THINGS DENTAL

The Trials of a Dental Student

I awoke the other morning with the consciousness of being rather behind in my work in the Dental Laboratory; so upon arising I decided to put in a good forenoon's work, in order to make up for lost time. I therefore fortified myself for the coming task with a hearty breakfast, and started for North Howard Street, with rosy visions of making a specimen bridge that would be the envy of all my fellow students, and bring forth praises from the Demonstrator of Prosthetic Dentistry.

Upon arriving at the laboratory about 9:30, I found nearly all of the Juniors and Seniors at work, and the industry displayed by the fellows, as they bent over their tasks at the work-benches, fired my zeal for my own particular share in the work; so I started in by removing my coat. Then I began a careful search around the room for a place to hang it. After encircling the room three times, only to find all the gas fixtures occupied by the coats of the early fellows, I resorted to the usual method in vogue there, viz., of laying it across an empty refuse can.

I then went to my locker drawer and, after several minutes' tinkering, succeeded in getting it open. I looked over the contents and found that quite a number of tools were missing. Remembering that I had loaned several a few days before, I began another promenade about the room, in order to round up the missing articles. After fifteen minutes of chasing, I managed to get back all, with the exception of an articulator a pair of pliers, two impression trays and a file. These things had not been loaned, so I decided that these seemingly inanimate articles had developed the characteristic amœboid movements peculiar to them only in dental schools, and had escaped from my possession never to return.

I began operations on a shell crown, to be made of German silver. I cut out a piece suitable for a band and proceeded to try to solder the ends together. My first attempt resulted in two burned fingers, a hole burned in my shirt sleeve, and a blackened, twisted piece of metal, which looked like a bit of scrap tin from the floor of a canning factory. Undismayed, I tried another piece, and just at the critical moment when the solder was beginning to flow, I received a violent shove from behind, (fat Senior student passing my stool), and my poor band shot across the room, one more finger was blistered, and my second attempt ended as my first—a flat failure.

I began to perspire, and an almost unconquerable desire to resort to pale-blue profanity gripped me. I recovered my composure, however, and cut a third strip of metal. This time I was successful in uniting the ends with solder. I now turned my attention to my crown top, which I had swaged up the day before. After using about fifteen cents' worth of silver solder in filling the cusps of this, I began to think it time to solder it to the band. After a short delay, caused by loaning several instruments to two of the fellows, I wired the band and cusp together, gripped them in my tweezers, and held them in the flame. Just as the metal began to glow, at the critical moment before the parts united, I felt a sudden jerk at my right shirt-sleeve, and a voice close to my ear said, "Say, gimme the 'makin's,' will you, old man?" Needless to say another failure ensued, as my embryo crown was knocked out of the tweezers onto the floor, where it rolled under the bench, and lay burning a hole in the planks. "D—— the luck." It was out of my mouth before I could stop it.

Making up my mind that it was bad weather for crown-making, I decided to put the backing on the porcelain facings of my bridge. After a lengthy argument with three of my neighbors, as to the proper guage of metal for this purpose, I chose No. 28 and, having no punch for making holes, I tried to sub-

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stitute a hammer and the sharp point of a file. The first blow missed the file, but not so my thumb. That member fairly reached out after the blow, gathered it in and made the most of it.

After I had stopped the bleeding, I remembered I had not ground my facing before attempting to put the backing in place; so I went over to the only unoccupied lathe. This lathe was the great-grandfather of the series, and had lost one foot, probably during an argument with some Freshman some years before. I turned on the power, and it began a sort of barn-dance movement on its remaining leg. I attempted to place the porcelain against the wheel, but my right thumb nail got there first. I have not had to pare that nail in two weeks. I tried again. The first touch of the wheel flipped the facing from my grasp. I heard it strike on the floor somewhere in the vicinity. Getting down on my knees I began to grope for it. I at last spied it several feet away; so I started suddenly to arise from my position. The back of my head was the victim this time. After the exhibition of fireworks was over with, I made for the cause of all my pain. Alas! while I was coming to, someone had stepped on it, and it lay on the floor in three pieces. I went back to my bench and sat down to rest and nurse my wounds. While sitting there the "devilishness" of the morning's events surged through and through my brain. Realizing that further work in my present mood was impossible, I glanced at my watch. It was just 12 o'clock, time for me either to be going to a lecture one Anatomy or "cutting" for lunch. I decided on the latter course, as being more soothing to my spirits. On looking for my coat, I found it had dropped into the waste can and had served as a receiver for about two quarts of plaster trimmings, the ashes from a dozen pipes, and a pint of tobacco juice.

On my way to the hash-house, I did a little mental calculating on the results of my morning's work. It footed up as follows:

LOST:

1 Articulator	$1.00
1 Pair of pliers	.30
2 Impression trays	.50
1 File	.25

WASTED:

Silver solder	.20
German silver	.10

BROKEN:

1 Porcelain facing	.25
Expense of cleaning and pressing coat	.75
Total	$3.35

PERSONAL INJURIES SUSTAINED:

Three blistered fingers.

One blood blister under left thumb nail.

Loss of upper third of right thumb nail.

One large lump at the base of the skull.

Is it strange that I sometimes wonder if it pays to be a dental student?

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THINGS LEGAL

The Practice Court

The Practice Court is now in full swing, and several of our embryo attorneys have had an opportunity to display their abilities as pleaders. The case of Green *vs.* Slaine was very ably handled by Dan. C. Joseph, for the plaintiff, and Bernard G. Gough for the defendant. In this case the Court dismissed the bill, with costs against the plaintiff.

In the matter of Quinn *vs.* Lowndes, Messrs. Sutton and Price were successful in their motion to take this case away from the jury, notwithstanding the excellent arguments advanced and legal knowledge displayed by the plaintiff's counsel, who were Frank M. Merriken and Mark Jackson.

Chas. Jackson and Webb H. Smith for their client, Mr. Shannon, entered suit against the Pikesville Bank; but the Court, sitting as a jury, decided in favor of the Bank, whose side of the case was very ably conducted by Messrs. Forster and Gough. On the plaintiff being called, no appearance or response being made by him or his counsel, a judgement of *non pro* was recorded.

The instruction given by the presiding Judge, Randolph Barton, Jr., Esq., in the proper conduct of the cases already heard and assigned, is highly appreciated by all the members of his class, and also by those of the other classes who attended the session of the Court.

Our New Quarters

The building on North Howard Street is rapidly nearing completion, and before many weeks we will take possession of our new quarters. The student-body of our department are eagerly awaiting the opening of this splendid new addition, where they hope, with the increased facilities, to make the desired progress with their studies.

We can already boast of the splendid legal course that is given at our School, and with the extra up-to-date accommodations now being provided, we shall have the premier seat of law learning in the State.

No doubt there will be, on our removal from our present cramped quarters to our new home, festivities of a nature befitting the occasion.

They Had a Good Time

On October 24, the Intermediate Class of the Legal Department started the social events of the season by giving one of the finest smokers ever enjoyed by our school. Shortly after 9 P. M. the members assembled at the New Carrollton Hotel, where the affair was held. After passing around cigars and pipes, for some time jokes were cracked and enjoyed, and the members then adjourned to the dining-hall, where a fine supper was served. Between courses, speeches were made by Professor Dickerson, several seniors, and the officers of the class. Shortly after (?) A. M. we adjourned, voting the affair highly successful and one that will long be remembered by all who attended.

A Favorable Opportunity

Never before in the history of our school have we had such grand opportunities for strengthening good fellowship and sociability with our fellow-students of the other departments. In

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less than a month we will occupy our splendid new quarters. Why not make this the occasion of some social event. This would afford an opportunity of bringing together the members of the various departments. How often have I heard members of other departments express their desire to come into closer touch with our men. Yet all efforts have been more or less unsuccessful, and why? Because in order to bring about a friendship or even an interest between parties, there must be something in common to bring them together. Have we ever had anything in which all departments could feel a mutual interest?

This year has brought us favorable opportunities to this end. In our new building we will have plenty of space for a gymnasium. The Y. M. C. A. will soon move to its new building and will doubtless discard its old apparatus, which could be secured by us; and after a few repairs we would possess one of the finest college gymnasiums in the city. THE TRIANGLE and Year Book editors might secure a small room where the members from the different departments could meet in common. The monthly and annual publications would thus be a means of bringing men of the three departments together in mutual activities.

Numerous other methods of improvements could be suggested, but at least let us take advantage of some of the special opportunities of the present.

Junior Officers

At a meeting of the Junior Class the following officers were elected:

H. O. Bailey, President.
C. E. Hunter, Vice-President.
J. J. Santry, Secretary.
G. W. Stocksdale, Treasurer.
S. W. West, Sergeant-at-Arms.
A. M. Bryant, Historian.

Quips and Quirks

Hurry up, Johnson; the cry goes forth from the Juniors, what is "seisen"?

A new organization, The Blackstone Club, has been formed. Are you wise?

Our Intermediates lead the way in socials. Their "smoker" was a huge success.

Shall we continue the (what is now the seemingly defunct) Taney Club? That is the question.

Herman is looking for the man who proclaimed to the world that "Equity is easy."

Overcash should be thankful that the Presidential election takes place only once in every four years.

The Juniors have held more meetings this year in connection with their class business than all of the combined Junior Classes that have preceded them.

Reference to thirty-two equity cases in one lecture has had the effect of making the class who are now taking this mild subject sit up and take notice.

Boys, get wise—Overcash—soft money—four years hence. Overcash has applied for receivers. Overcash intends to change his name to Short-of-cash.

It has been noticed that a number of the Intermediates have taken to wearing eye-glasses. They evidently expect to get a better insight into the mysteries of Equity.

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PROBES

Dr. Freeman: "When does a patient vomit in this condition?"

Shackowitz: "Two days after eating."

'Tis a wise man who accepts the lemons fate hands him, and uses them to start a lemonade stand.

Dr. Freeman: "How long should you keep a patient in bed?"

Murdock: "As long as it looks good to you."

Senior in Surgery: "The innominate bones are common seats of malignant growths."

Dr. Johnson: "They are common seats, but not of malignant growths."

It is rumored that Quinlan and Murdock have gone into the soap business. They have collected divers specimens, which they have on exhibition.

Freedman, '12, expects to follow the medical profession after his graduation, but his classmates think he would make a noted chemist.

It's up to Bond, '11, to enlighten his friends as to the cause of his being lost in South Baltimore the day of the U. of M. game. Was the reason dressed in skirts?

We understand that Downey, '10, having recently discovered that B. M. C. contains excellent theatrical talent, has organized a company and is now busy billing engagements for the coming season.

The Junior Class extends hearty congratulations to Dr. Downey and wishes him success in his new role, "The Prince of Supers."

Dr. Pole: "How long is the pharynx?"
Mitten,": "Oh, about 9½ inches long."

treatment would you follow at the time of the eruption of deciduous teeth? Notice, gentleman, I said 'would you, not 'did you.'"

Desforges, '09: "When do the upper deciduous bicuspids complete their form?"

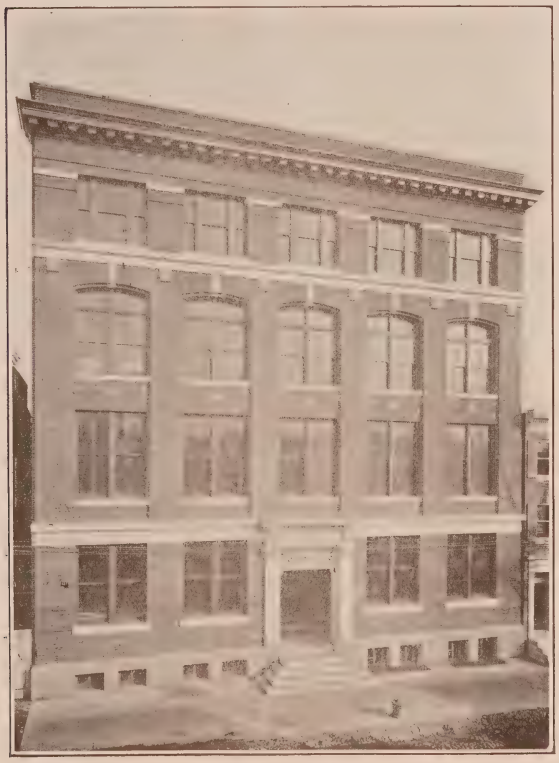
Metzger, '11: "Dr., why did I get such a funny upper impression?"
Dr.: "Upper impressions taken in lower trays are usually funny."

J. Robinson, '09 (viewing the remains of a costly cut-glass vase which he had accidentally broken at a party one night recently): "If glass gets in my way it surely does get broken."

Guild, '09: "Say fellows, have you seen my moustache?"

Freshman: "No, but they say there is an epidemic among the cats in the neighborhood of certain seniors' boarding-houses."

Lost: A Junior.—The only time seen, he was at the class election. On such short acquaintance we were unable to ascertain his name. Any information regarding his whereabouts should be forwarded to Mr. Adams.



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BASKET-BALL DOINGS

Below is a partial schedule of games of the B. M. C. basket-ball team for the year:

Dec. 5, Georgetown University, at Baltimore.

Jan. (open), Georgetown University, at Washington.

Jan. 22, Gettysburg, at Gettysburg.

Jan. 30, Naval Academy, at Annapolis.

Feb. 3, Washington and Lee, at Baltimore.

Feb. 20, University of Pennsylvania, at Baltimore.

Games are also scheduled with the following, the dates unfixed as yet: Cornell; New York University, at Baltimore; Howard University, at Washington; University of Maryland; and the Baltimore College of Dental Surgery. Other games are pending, which will be published if scheduled.

Manager Maslon is working diligently behalf of the team, both in arranging a good schedule and in getting the men out to practice regularly. The same faces as appeared in last year's team will be seen in the case of Neubauer, B. Leslie, Lapham, Smith, Holley, and E. Leslie. A find has been made in McNamara, of the Freshman Class; and Quinn, '11, is working into a real basket-ball player. With eight men such as these, B. M. C. feels fortified against all comers. The team and management pledge diligent work. So it remains for the student-body to support them by their presence and spirited rooting at all games played.

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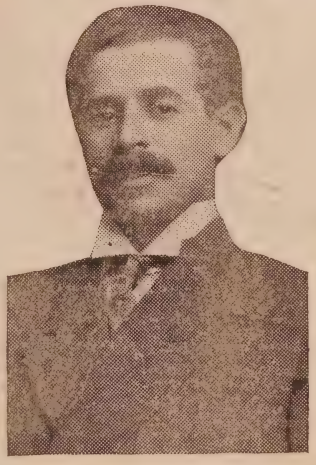

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Vol. 4 BALTIMORE, MONDAY, DECEMBER 28, 1908 No. 3

PHYSICIAN AND PHARMACIST*

By L. W. LORD, M. D., B. M. C. ('97.), West Ossipee, New Hampshire.

For some years I have been a retail druggist; and I have much sympathy for the men of that vocation who have been gradually forced, by commercial competition and loss of professional support, to degenerate into keepers of bazaars.

Some who peruse this paper may think a man, a graduate of both schools, who would criticise one of them, had made a failure by reason of being too versatile—"a jack of all trades is master of none." For the information of such I would say that I passed both examining boards, as well as both branches in the U. S. Army, serving as pharmacist for a year, and afterwards nearly four years as a surgeon.

However, examinations do not count in these observations; it is practical experience, gained by close observation while in the retail drug trade and as a practician in Boston, New York and San Francisco, where I noted the conditions in many of the best stores and through contact with physicians, some of whom prescribed and some of whom dispensed. At the present time I own and manage a store, and find the practice of medicine and the dispensing of drugs both interesting and profitable.

As a subscriber to the leading medical and pharmaceutical journals, I can but note the increasing cloud rising between doctors and druggists. One can not take up a drug journal but that editorials and communications appear galore, calling the attention of pharmacists to the fact that pharmacy is a *profession;* that it is being ignored by that other profession called the medical; that laws should and must be enacted requiring "pharmacy for pharmacists;" that those laws should prohibit doctors from dispensing, and that especially should the doctor be enjoined from signing the death certificate in the case of the demise of his patient.

Why this espionage from a class of tradesmen, directed against a profession dating its birth centuries before an apothecary was ever born?

The doctors' skirts are not clear, and much that the druggists says is to the point and does not tend to raise the profession in the eyes of the public. Yet it is my honest opinion that the time has arrived for the complete separation of the practice of medicine from the modern drug bazaar for many and obvious reasons, one of which may be, as the druggists cry, "the selfish benefit of the dispensing doctor."

In the first place: has the doctor the moral right to dispense? It is only in recent years that the apothecary has risen to the eminence of a "professional" man. How did he ascend to this exalted position from the lowly one where he worked for the physician, washing his phials and grinding his drugs?

Go back to 1765 and we find that Dr. John Morgan, of Philadelphia, was the first in the United States to write orders for medicine and trust them to an apothecary to dispense to the patient. It made a great furor at the time and marked Dr. Morgan as a very daring man, which in the minds of his confreres seemed to spell dangerous as well.

Since then the druggist has advanced like the camel of fable, until now he thinks he should have a good share of the high seat built and filled by men who have given a lifetime to its uplifting and with no thought of earthly reward.

Some day the doctor, if not on his guard, will awake to the fact that while he has been busy with the sick, his neighbor the druggist has pushed a law through, preventing him from treating his patients as he sees fit.

It may be that one of these patients who has kept the doctor sleeplessly alert for days and nights, has passed beyond the help of drugs or unselfish devotion; then will some druggist member of the American Medical Association enter to sign the death certificate, while the humble attendant effaces himself to rack his brain for explanations to show the reviewing authority that he has administered no incompatibles.

I do not think it is the opinion of the public that physicians are incompetent to dispense any or all of the medicine they wish to use in the treatment of disease. Very true it is, as druggists forever quote, a physician may be incompetent. There are state boards to guard the public from incompetent doctors as well as incompetent druggists. It is true that those men in practice at the passage of such laws are registered without examination, both as regards the practice of medicine and the practice of pharmacy, but I have not heard as yet of any state, after having a medical law for years, that has suddenly let down the bars and allowed men of a few years acquaintance with doctors to enjoy "an open season," during which they could register without examination. This is now happening as regards pharmacists in the state of Minnesota, and I am wondering if, in the dim future, some of these "Registered Pharmacists" will not be praying for some check on the careless physician.

Aside from the faults of both druggists and doctors, the one great wedge to split them apart is simplicity in drug administration. Polypharmacy and shot-gun prescriptions are going into the same grave of substitution and blood-letting.

*Reprint from *American Medicine*, New Series, Vol. III,, No. 3, pp. 130-136, March, 1908.

Crude and uncertain drugs and shot-gun prescriptions have no place in the armamentarium of the skilled physician. His doctrine should be: The smallest effective dose of the purest, potent principal of a certain drug capable of producing the desired effect, given with his own hands while he watches its action against the morbid process he desires it to correct.

His associate is the trained nurse who has fitted herself to *obey*, carry out his instructions in the administration of his potent remedies during his absence and report their effects. All will be well if she, poor girl, does not, by contact with superior minds assimilate so much wisdom that she in turn will seek legislation to place her astraddle the seat so reluctantly relinquished by the druggists.

We have agreed, then, that the physician has every right to treat his patient as his judgment directs, with no interference from any one. His acts are his own, as his patients who give him their confidence would wish, and if there is need of other assistance, it is that physician who will be the first to ask that another be called.

How shall we excuse the druggist from counter prescribing, carried to the extent of medical treatment? It is clear the doctors have selfish reasons for wishing to stop the practice but not so much due to the invasion of their own fields as most people surmise. The dollars taken from them this way are more than repaid by the unskillfully treated patient who rebounds back to them sure of a longer treatment than had he come to them in the first place.

It is my experience that with few exceptions, *all* druggists, and with their sanction their clerks, will prescribe whenever the opportunity offers. Much of this prescribing in itself hurts no doctor and is a boon to the public, and I do not see clearly how to establish the dividing line as to what cases the druggists may treat and what he may not. I believe the matter will adjust itself as time goes on, and as the public becomes better educated *it* will be the judge whether it will go to the druggist or the doctor for a certain remedy. I would not favor legislation prohibiting the druggist from using his knowledge of materia medica and therapeutics to relieve the pain of a burn, stop a hemorrhage or extract a splinter; but I would have the public cognizant of his qualifications and know what to expect, as well as to realize he is not capable of treating specific urethritis or to practice optometry.

Let us consider some of the reasons why the druggist speaks disrepectfully of his local physicians:

There *are* incompetent and criminally careless medical men. Tarry awhile behind the prescription counter of any large pharmacy and note the prescriptions as they come in. Some are in doses sufficient to kill; more are incompatible either from a pharmaceutical or therapeutical standpoint, or both. Many are written so that no one but a druggist or a savant of Egyptian hieroglyphics could decipher their meaning. If any mistake is made or damage done the law holds the doctor blameless and condemns the druggist. Little wonder in such cases, the dispenser thinks he should be a check on the prescriber. However, I will say right here, some of the highest authorities in medicine and sugery are the most careless in the writing of their prescriptions. At the bedside or the operating table these men save lives when the error of a hair's breadth would spell disaster; they often administer powerful drugs from their pocket cases with their own hands with the same care, so the great objection to their dispensing by reason of any ignorance, does not hold good. I consider it a great point in favor of the physician dispensing his own medicines that he can carry a sufficient assortment of potent drugs which he has close at hand with no possibility of a poor preparation, either from age or faulty compounding, and he is stimulated to more interest and watchfulness toward his patient as he watches the effect of the agents he has so carefully dealt out.

Those remedies that are neessary to any practician, in city or country, can be kept by him in his office or home without the confusion and clutter that most pharmacists believe.

I can forgive the physician who prescribes through *some* pharmacists, for there are lots of them who won't refill, substitute nor counter prescribe, and are justly indignant at the physician who so far forgets his manhood as to hint at a "rake off" on the prescriptions he sends in.

We are at a period where the druggist is struggling for existence. His field is invaded by the hydra-headed department store and mail-order house. The patent medicine traffic is doomed by reason of publicity given to a class of unreliable remedies through the drastic pure food laws; therefore that great portion of revenue is rapidly disappearing.

There are too many victims to the glamour of the mortar and pestle, with the result there are too many stores. Even in country cities of 8,000 population near here, there are six drug stores where the trade demands no more than half that number, or less, and the result is the stores are ice-cream parlors, cigar stands, dope depots and saloons, and the clerks "g. u." specialists and purveyors in general to his Majesty the Almighty Dollar, until a stranger who cannot find what he wants in more convenient places, hies himself to the nearest pharmacy with joy on his face, knowing that his extra energy will there meet with its reward; but if by any mischance he is in sore need of the filling of a recipe, he must needs inquire after entering, where that department of the establishment is located. However, there are advantages, for often there, too, we find the postoffice, telephone station and laundry agency.

There is a general crusade all over the United States against Sunday traffic, cocaine and liquor selling, which is directed mostly against druggists, not because all of them are guilty but because most of them are. Yet druggists are emphasizing and bringing into prominence the misdeeds of doctors and seeking to regulate the treatment of their patients.

The chief resistance to that modern necessity, the parcels post, comes from the drug trade, it thinking there will be an increase of competition from the mail-order house. It is probable such would be the case to a limited extent, but there is no reason why the mail-order concern can quote lower prices than the druggists; it only does so because it

passes out an inferior article, and a law is now in force that can regulate that sort of competition that thrives by misrepresentation. Only a few weeks ago one of the big pirates in Chicago was prosecuted and a judgment against it maintained. The parcels post must come; it is only a matter of time.

As a country ascends in civilization the laws are framed for the benefit of the people as a whole and not as individuals or classes, and although the process of reconstruction may be painful to these latter for a season, they will adjust themselves to the new conditions and in the end are benefitted. The pure food laws have been the cause of great loss and worry to many industrious individuals, but those laws are for the common good and many of the sufferers are now foremost in their enforcement.

There is little need to go into detail concerning the objection of the druggist against the dispensing doctor "because he wants the earth." We all realize each of us wants what he can get, and if a druggist wants to push the sale of a preparation under his own name, which gives him a legitimate profit with many subsequent sales to those who have been pleased with the preparation, he has the best right in the world to do so.

So, too, has the doctor the right to use his own preparation or any other formula that he has found by long years of experience to fit a certain patient's malady. That patient may think his neighbor has a like ailment, and as he cannot go to the drug store for a refill for his friend, he recommends him to go to the doctor, who finds that a totally different medicine is needed and who dispenses it, to the lasting benefit of the neighbor and himself. One other minor point is that there is no discussion as to whom the prescription belongs.

I notice there has been great agility displayed lately by the Boards of Pharmacy of two states, directed toward sundry registered pharmacists who have been renting out their certificates to druggists "under par" that the latter might conduct stores, fill perscriptions and possibly "check" the ignorant physicians of those localities. One of the states has, I am told, as "stiff" a Board of Medical Examiners as any state in the Union. I still wonder if it has to chase up any of the registered physicians who are so "ignorant" that from lack of patients they seek an income by renting their certificates? I refer to the state of Ohio.

The absence of business acumen of the average medica man is phenomenal anyway; next to ministers he gets more quack circulars and mining schemes than any other brand of easy marks. He trains his clientele to pay all other bills before his; he will often drive to treat a patient for less than the livery stable charges for a team to go the same distance; he in most cases tries to be a close friend in the sacred family circle of the afflicted, forgetting that "familiarity breeds contempt" and that the grateful patient of to-day calls another doctor tomorrow—and that the other doctor and the trained nurse absorbed the long-deferred payment.

One reason why the druggist looks askance at the deep learning of some of his local prescribers is due to the free and easy way in which secret preparations are prescribed. It is lamentable how the big men of the profession boost these secret preparations, at the same time boosting the good money of the community into the pockets of the promoters. I can remember a few years ago when a certain pain tablet was born. The mail of physicians was filled with samples, pretty calenders, paper cutters and foot rules. These tablets were made for doctors only, and backed with the reports of medical college professors setting forth in detail the indication for which they were especially indicated. Of course the doctors appreciate the foot rules, and not having to bother their busy minds with the ingredients of these ideal pain-relieving and fever-reducing tablets, wrote many prescriptions for them, forcing the druggist to lay in a supply. In a short time patients noticed the artistic monogram beautifying each tablet, and the results after taking were so pleasing that their friends were urged to try them when in need of a panacea; result, the druggist ordered many more ounces at $1 per, for neither he nor the patient thought it needful to consult the prescriber, who might change the monogram.

As the years went by, doctors' prescriptions began to wane; but bless you, the use of the tablets didn't. All at once the pure food law comes to the fore; it requires that all medicines containing acetanilid be labelled, showing the amount contained therein, which proves a god-send to this manufacturer, who changes his formula to the extent of substituting for the acetanilid another coal-tar derivative of the same class, but of a name unfamiliar to the public. Now he proudly advertises his tablet to be free from acetanilid, cocain or morphine, and the sales are on the jump.

Poor, easy doctor; in order to be a supporter of "ethical" preparations, and not to be guilty of unprofessional conduct by mixing up business and therapeutics, he has made himself the etiological factor in an unknown number of heart diseases, lost patients, lost esteem of druggists, and put dollars in the pockets of the millionaire manufacturer.

The druggist congratulates himself over the few dollars he has gained by disposing of these tablets in dozen lots. He has known the formula from the first, and mayhap has been tempted in some cases to substitute his own tablet of identical composition costing him ten cents in place of one dollar; but he could not supply the magical monogram, so he took great risks of losing his customer and having the ethical doctor learnedly expound on the heinous crime of substituting for filthy gain.

Is it any wonder physicians are losing caste with the public? Their mania for operative surgery, with the senseless fees, their methods of hospital work to inflate private practice, the strutting professors hitched to graft medical schools, who have long since forgotten how to rightly treat a case of whooping cough, all tend to oppose medical progress and make converts to therapeutic nihilism.

I have nothing to say of that physician who, behind the scenes is a stockholder and was perhaps the secret instigator simply because I cannot find words in four languages to fit his case. The counter-prescribing, dope-selling, substituting druggist is an angel in comparison. Let the axe fall where

it belongs, on whatever neck gets under it, without regard to degrees or titles.

I am optimistic regarding the future of the healing art. We are in a period of reconstruction brought about by public education; and in such times of strenuousness, chaos may reign for a season, but the knell of trusts, diseased politics, secret pharmacy and quackery is sounding; the better order of things is on its way. Pharmacy for pharmacists, bartending for saloonists, quackery for specialists will gravitate to the level of public tolerance or intolerance. What there is a demand for will exist. Legislation stands for little, as it can be evaded; but public opinion hangs a man or sets him free. Physicians and surgeons, well grounded in the art of diagnosis and in the use of their time-tried remedies, will rest secure in the just income of a legitimate practice and enjoy the respect of the public and of each other.

KIPLING TO THE DOCTORS

Address at the Opening of a Medical School in London.

"It may not have escaped your professional observation that there are only two classes of mankind in the world—doctors and patients. I have had some delicacy in confessing that I have belonged to the patient class ever since a doctor told me that all patients were phenomenal liars where their own symptoms were concerned. If I dared to take advantage of this magnificent opportunity which now is before me, I should like to talk to you all about my own symptoms. However, I have been ordered—on medical advice—not to talk about patients, but doctors.

"Speaking, then, as a patient, I should say that the average patient looks upon the average doctor very much as the noncombatant looks upon the troops fighting on his behalf. The more trained men there are between his body and the enemy, he thinks, the better.

"I have had the good fortune this afternoon of meeting a number of trained men who, in due time, will be drafted in your permanently mobilized army, which is always in action, always under fire against death. Of course, it is a little unfortunate that Death, as the senior practitioner is bound to win in the long run, but we non-combatants, we patients; console ourselves with the idea that it will be your business to make the best terms you can with Death on our behalf; to see how his attacks can be longest delayed or diverted, and, when he insists on driving the attack home, to see that he does it according to the rules of civilized warfare.

"Every sane human being is agreed that this long-drawn fight for time, that we call life, is one of the most important things in the world. It follows, therefore, that you, who control and oversee this fight, and who will re-enforce it, must be among the most important people in the world.

"Certainly the world will treat you on that basis. It has long ago decided that you have no working hours that anybody is bound to respect, and nothing except your extreme bodily illness will excuse you in its eyes from refusing to help a man who thinks he may need your help at any hour of the day or night. Nobody will care whether you are in your bed, in your bath, or on your holiday, or at the theatre—if anyone of the children of men has a pain or a hurt in him you will be summoned. And, as you know, what little vitality you may have accumulated in your leisure will be dragged out of you again.

"In all times of flood, fire, famine, plague, pestilence, battle, murder and sudden death, it will be required of you that you report for duty at once, that you go on duty at once, and that you stay on duty until your strength fails you or your conscience relieves you, whichever may be the longer period. This is your position. These are some of your obligations, and I do not think that they will grow any lighter. Have you heard of any legislation to limit your output? Have you heard of any bill for an eight-hour day for doctors? Do you know of any change in public opinion which will allow you not to attend a patient when you know that the man never means to pay you? Have you heard any outcry against those people who can really afford surgical appliances and yet cadge around the hospitals for free advice, a cork leg, or a glass eye? I am afraid you have not. It seems to be required of you that you must save others. It is nowhere laid down that you need save yourselves. That is to say, you belong to the privileged classes.

"I am sorry you have met my demonstration with a certain amount of levity. May I remind you of some of your privileges? You and kings are about the only people whose explanation the police will accept if you exceed the legal limit in your car. On presentation of your visiting card you can pass through the most turbulent crowd unmolested and even win applause. If you fly a yellow flag over a centre of population you can turn it into a desert. If you choose to fly a Red Cross flag over a desert you can turn it into a centre of population toward which, as I have seen, men will crawl on hands and knees. You can forbid any ship to enter any port in the world. If you think it necessary to the success of any operation in which you are interested, you can stop a 20,000 ton liner with mails in mid-ocean till the operation is concluded. You can tie up the traffic of a port without notice given. You can order whole quarters of a city to be pulled down or burnt up, and you can trust on the warm co-operation of the nearest troops to see that your prescriptions are properly carried out.

"To do your poor patients justice, we do not often dispute doctors' orders unless we are frightened or upset by a long continuance of epidemic diseases. In this case, if we are uncivilized, we say that you have poisoned the drinking water for your own purpose, and we turn out and throw stones at you in the street. If we are civilized we do something else, but a civilized people can throw stones, too. You have been, and always will be, exposed to the contempt of the gifted amateur— the gentleman who knows by intuition everything that it has taken you years to learn. You have been exposed, you always will be exposed, to the attacks of those persons who consider their own undisciplined emotions more important than the world's most bitter agonies—the people who

would limit and cripple and hamper research because they fear research may be accompanied by a little pain and suffering. [Cheers.]

"But you have heard this afternoon a little of the history of your profession. You will find that such people have been with you—or, rather, against you—from the very beginning; ever since, I should say, the earliest Egyptians erected images in honor of cats—and dogs—on the banks of the Nile. Yet your work goes on, and will go on.

"You remain now, perhaps, the only class that dares to tell the world that we can get no more out of a machine than we put into it; that if the fathers have eaten forbidden fruit the children's teeth are very liable to be afflicted. Your training shows you that things are what they are, and will be what they will be, and that we deceive no one except ourselves when we pretend otherwise.

"Better still, you can prove what you have learned. If a patient chooses to disregard your warnings, you have not to wait a generation to convince him. You know you will be called in in a few days or weeks, and you will find your careless friend with a pain in his inside or a sore place on his body, precisely as you warned him would be the case.

"Have you ever considered what a tremendous privilege that is? At a time when a few things are called by their right names—when it is against the spirit of the times even to hint that an act may entail consequences—you are going to join a profession in which you will be paid for telling men the truth and that every departure you may make from the truth you will make as a concession to man's bodily weakness and not mental weakness.

"Realizing these things, I do not think I need stretch your patience by talking to you about the high ideals and the lofty ethics of a profession which exacts from its followers the largest responsibility and the highest death rate—for its practitioners—of any profession in the world. If you will let me, I will wish you in your future what all men desire—enough work to do and strength enough to do the work."

THE STATE BOARD QUESTION

EUGENE H. HEYWARD, '01.

The report of the results of the State Board examinations for 1907 is to be found in the Journal of May 30, 1908. A careful perusal of the statistics therein published does not furnish any particular reasons for congratulation. We had for the year a total of 37.5 per cent of failures in the different states and 43.8 per cent of failures in our home state. The condition demands serious, frank and open consideration. The faculty, the alumni, and the students are equally interested in ascertaining the cause of this bad showing before the State Boards and are equally anxious to better the existing state of affairs.

The fault is to be sought in but two places. Either the teaching and college equipment are defective or students are not capable of acquiring medical knowledge after reasonable efforts on the part of the teachers. The Council on Medical Education appointed by the American Medical Association has decided, that the known facts of medicine can be taught to students in four years, provided the equipments for teaching are adequate. A four-year course is given here, and the mere mechanical laboratory equipment (a matter of no small pecuniary consideration, by the way) is at least as good as that in schools that boast a far smaller percentage of failures than do we. As the majority of men fail before the State Boards on subjects taught almost exclusively in the laboratories—namely, chemistry and pathology—we must pause here to inquire the reasons for this. If the equipments are good, then the fault lies in the teaching or in the students themselves.

The men in my day ('01) were not taught enough medical chemistry; yet the same text-books are still recommended to the students. This is a mistake, but not entirely the fault of the teacher. When men are admitted to college with a very limited knowledge of elementary chemistry, it is difficult to teach them the advanced form. Moreover, students are allowed to perform experiments in the laboratory without a proper knowledge of their significance or bearing on the science they are attempting to study. There is not enough individual attention to the men as they work nor a sufficient number of assistants. One cannot help but hold, therefore, that improvements might be made in this department along the lines suggested. We want more medical chemistry, more laboratory assistants, and more personal contact with the students. The occupant of this chair should see to it that especial attention is paid to the men who are so unfortunate as to have had poor preliminary training.

Failures in pathology are due to faults of preparation in the students. After looking at the matter from every point of view, one can see no other explanation. Pathology is the most scientific and the most difficult branch of medicine. The facts here are not retained by the most cultivated memory, nor do they come by intuition. They are appreciated, understood, and remembered only by trained and thinking minds. They are built upon a clear knowledge of histology, anatomy, and physiology. At the college we get a certain number of men, past the third decade of life, who, after a good preliminary education, have for various reasons, been away from college for years engaged in other than intellectual pursuits. Their minds have lost a great deal of the capacity for learning, and thinking along academic lines has become, for many of them, a lost art. While they often, in fact usually, succeed in the practical branches of medicine, they fail miserably in pathology. When such men have had poor preliminary training, what is to be expected? Rules regulating the admission of students have, for the past few years, been more vigorously enforced than formerly; and we may look for beneficial results from now on. Men, however, with the most meager knowledge of histology, gross anatomy and physiology are still only too frequently gaining admission from other colleges. There might be some just rule to both students and faculty, regulating the admission of such students.

Since, therefore, the study of pathology is inherently

difficult, unusual efforts should be put forth to teach this branch of medicine. Every teacher should demonstrate, quiz, and examine students upon the special pathology of the subject that he may be teaching.

The college should scan carefully the grading of other medical colleges on chemistry and pathology. The actual qualifications of students from other colleges, in these branches, should be ascertained in some practical manner; and when a student is found deficient in knowledge, he should be compelled to attend a quiz class or special course of instruction established by the faculty.

The object of this article is not to call attention to the many commendable improvements in progress at the college, such as new buildings, increased hospital facilities, and increased material for clinical teaching, which are a matter of gratification and pride to all who are interested in her welfare, but to emphasize the necessity of meeting, in some effectual manner, the situation that confronts us when our students, by their failures, are giving to the public an erroneous idea regarding the standing of the college.

For the future, however, we can see nothing but a surety of better things. The large percentage of failures of 1907 will never be repeated; and in three or four more years our college will occupy the position held before the State Boards prior to that unfortunate year—second in percentage to but one large college in Baltimore.

THE VALUE OF FEDERAL MEAT INSPECTION

HARRY M. WEGEFARTH, M. D.

The importance that a rigid form of meat inspection bears to the public health can be demonstrated both from the view point of modern science and from the results of a general observation among the ancients, especially the Hebrew. That the strict inspection of meat among the Jews is the result of early appreciation of the fact that diseases of the lower animals are readily contracted by man, in cases where such animals are consumed as food, is beyond doubt. Modern science shows conclusively that certain diseases can be contracted by human beings from animals just as readily as certain diseases are handed from one person to another. The simplest case that can be cited is the eating of meat taken from an animal, whose tissues are filled with disease organisms, and the appearance of the same disease in man. Of course, the early lawgivers knew nothing of germs or bacilli, and, as has been stated, depended upon observation alone, they having wisdom enough to know that an animal exhibiting peculiar growths about the body was certainly not in good health and, therefore not fit to become food. The task of ascertaining the reason why such was the case has been left for the miscroscope and modern methods of experimentation.

The first and for centuries the only meat inspection was that practiced by the Hebrews according to the laws of the Mosaic Talmud. The great percentage of sickness among swine and the difficulty of finding pigs which were absolutely healthy very probably led to the outright condemnation of them as food. It is easy to imagine that under the very unhygenic conditions of the time of the great lawgivers the percentage of disease among these great scavengers, the pigs, was even greater than it is today. Whether or not such was the case, the fact remains that through the abstinence of pork and other diseased animals as food the race has undoutedly profited.

The matter of prime importance in the Hebraic laws is the inspection of meat after it is butchered. To accomplish this the church appoints regular men called schechters who must personally kill the animal after a prescribed manner, inspect the organs and then pronounce whether the meat is fit or unfit for food. In the case of a healthy animal the meat is pronounced as "kosher," and is stamped by the scheckter. The inspection consists mainly of an examination of the lungs, liver and intestines, and if any of these organs have hard growths or abnormalities due to disease are found the meat is not stamped and is therefore forbidden to be eaten by any of the race. Since tuberculosis, as will be demonstrated below, shows itself much more readily in bovines than in man it is evident that a very small precentage of meat of animals suffering from this disease is consumed by the Hebrew race. It is difficult to prove that this presistent adherence to meat inspection is the cause of the small amount of tuberculosis among the Jews, and yet, in view of what is known concerning the disease and the way it is probably handed from the lower animal to man, it is hard to believe otherwise.

Almost 3,000 years after the Hebrews began inspection of meat we find the same being instituted by almost every civilized government in the world. Millions of dollars are being spent yearly by our own government to fight the marketing of diseased stock as food. Owing to our form of government it is impossible for the Federal authorities to take complete control of meat inspection within the state, they being limited to the inspection of meat which is destined to pass from one state to another, with the exception of cases where local butchers request the inspection by the Federal authorities. Since in the State of Maryland the present local system of inspection is absolutely unable to cope with the problem of thorough inspection of the meat sold in our markets, we must rely on the good work the Federal Government is doing along this line if we wish to avoid the dangerous consumption of diseased meat.

Before going into the methods of inspection as practiced by the government, let us first understand how the disease is spread among stock. We know that tuberculosis is caused by tubercle bacillus which are, therefore, the dangerous factors. Like all plants when transplanted in the proper soil, they grow regardless of their surroundings, provided the temperature is right and moisture present. We also know that this plant will live for several months if kept in the dark. Just as we find the different varieties of violets and other flowers, we also find several varieties of the tubercle bacilli.

There is a difference between the bovine tubercle bacillus and the human tubercle bacillus, although it is so slight as to

allow of their being regarded other than variations one of organism. In their pathogenic properties the differences are very marked. The human tubercle bacillus is only able to produce slight lesions in bovines, but the bovine tubercle bacillus on the other hand is able to produce severe lesions in the human. The anatomical and clinical features of bovine tuberculosis are in the main similar to those of human tuberculosis, but show also some differences, such as the earlier calcification of the tubercles and the extraordinarily slow progress of the disease. When the pleural are affected, nodules appear in greater or less abundance on the viceral or parietal surface, giving rise to a condition that constitutes the so-called peare disease of cattle.

Accidental wound inoculation of veterinarians with bovine bacilli have resulted in typical localized subcutaneous tuberculosis, which in some cases has become generalized and led to fatal termination.

The British Royal Commission of Tuberculosis, took cultures from people suffering from tuberculosis and found that twenty-three per centum of the infections were those of bovine tubercle bacilli. They also found there were two types of tuberculosis in man. The first germ group which they found and which was the most virulent, was from primary abdominal and cervical gland infections, whereas those of the lungs, genitals, joints and glandular tissues were not so virulent. The commission found also that injections of large quantities of the human tuberculous bacilli were necessary to produce tuberculosis in the calf or adult bovine, but by passing the germs successively through susceptible animals, the virulence of the organism was increased and not as many germs were needed to produce the disease. If, however, instead of passing these germs through susceptible animals they were passed through resisting animals, more bacilli were needed to produce the disease, and in culture the bacilli passed through the resisting animal gave the most luxuriant growth.

In the feeding of both human and bovine tubercle bacilli to, animals it was found to cause a generalized tuberculosis with the exception of the dog, where in several cases it only caused a pulmonary tuberculosis without other lesions in any part of the body.

The cow with pulmonary lesions, coughs up the bacilli, but not being able to expectorate, swallows them and then passes them through the alementary canal and as many as 35,000,000 baccilli have been known to pass from one animal suffering with pulmonary tuberculosis in a short while. From this we may readily understand how one animal may infect a whole herd. I saw not long ago forty-two head of fine-looking steers butchered, and thirty of these had tuberculosis in about the same stage of infection—the infection being limited to the lymph glands. One animal had a generalized tuberculosis, and evidently was the direct cause of the other cases. We can readily understand how this comes about when we take a look inside of a barn or a cowshed filled with cattle and see the dust of the powdered fecal matter that fills the air.

It is customary when fattening cattle for market to mix in with them a few hogs, and the undigested food which passes through the cattle is eaten by the hogs, so that there is no waste of grain. If, however, there happens to be one tuberculous bullock among the herd all the hogs will develop tuberculosis. In 1907 there were 31,815,900 hogs inspected by the United States Government. Out of this number 430,177 were tuberculous, most of them having acquired the disease by following tuberculous cattle.

The largest percentage of infected cattle are the shed or stable-kept. Following these come the partial range cattle, and after them the real range cattle, which have a very small percentage of infection, although this depends somewhat on the climate; for we find that in California the range cattle give quite a high percentage of tuberculosis, whereas in Montana the animals infected are very few in number. The locality, I think, should be taken into consideration when we are choosing a place to send our tuberculosis patients, for if we find that it does the cattle good and keeps them free from the disease, then why should it not be good for the human? In the East we find that our cattle are housed entirely, or partially ranged, and these are the animals from which the dairymen furnish us with our milk, cream, butter and cheese, in which we often find tubercle bacilli, where they remain virulent a long time, endangering our health and adding new germs to our already sickly tuberculous patients.

The government statistics for the last year show that one-tenth of the milch cows, one per cent of all other cattle and two per cent of hogs in the United States have tuberculosis. Knowing all this does not help us much, for we are apt to think that if we were in danger of infection it would have happened long ago. When, however, we stop to think of those around us dying of this plague, who but a comparatively short time ago looked pictures of health, it is time to stop to consider a preventive against the inroads of the disease. Milk is a great danger to these patients, for they are ordered to drink large quantities by most physicians, and it is often contaminated with tubercle bacilli from the milk glands, and by fecal matter containing tubercle bacilli, which gets into the milk during the milking process. This is due to the animals kicking and switching at the flies, raising the dust from the floor and brushing particles in from their bodies. Milk that has been milked very carefully and appears to be perfectly clean, when run through a separator, will show on the disks quite a considerable quantity of dirt. In advanced cases of tuberculosis in the cow, 83 per cent pass tubercle bacilli in the fecal matter, and in the apparently healthy animals suffering with tuberculosis 40 per cent pass the germs in the same manner.

Such infected milk is responsible for some of the tuberculosis infections in children.

In New York an examination of the commercial pasturized milk was made and several good virulent cultures of tubercle bacilli were obtained. In mixed milk many good cultures of the germ were obtained. So we see by this we must go back to the source of the milk to be sure we are not getting it from tuberculous ainmals.

How are we to eliminate the disease from our food source? The solution is twofold. First buy our dairy products and order our patients to buy these products from dairies which have had the tuberculin test given their cows by men skilled in its use, who keep only the animals that give a negative result. It is not until such dairies are patronized that others will be compelled to fall into line and do the same. This test is very accurate and has been studied for the past fifteen years and found to show the disease in almost every case. The results obtained with tuberculin from the Bureau of Animal Industry, showed out of 400,000 tested 37,000 that gave the reaction, or 9.25 per cent, and out of 23,869 positive results that were autopised 23,535 had lesions of tuberculosis which could be seen. The remainder of the solution is to induce the public to buy only that meat which is stamped by the United States government inspectors as "passed inspection." The ink for these stamps is made from a purely vegetable compound discovered by one of the government chemists, Dr. Marion Dorset, and is of such a nature that it is perfectly harmless, and it need not be cut from the meat, as it will disappear when cooked. There need be no confusion in knowing whether the meat is government passed, for if so each prominent part of the steer bears the stamp, it being omitted in no case.

The method of inspection is very thorough, as it not only covers the actual examination of the meat, but also compels cleanliness and sanitation of the slaughter and packing-house. Proper means, as will be shown later, are provided for the destruction of infected meat, so that it is destroyed forever as a disease carrier. Unless a killing-house does an interstate business, Federal inspection is in no way forced on the butcher. If, on the other hand, inspection is wished by a butcher, he may fill out a blank petitioning that the inspection be installed in his slaughter-house, and after all the things about the house are cleaned, ventilation installed throughout the plant, and all the employes found to be free from communicable-disease, inspection is granted.

In the district of Baltimore, which includes the State of Maryland, there are twelve killing-houses inspected out of fifty or more. To inspect this number of houses it takes thirty-eight men, who are under the supervision of the chief of the Baltimore district, Dr. H. A. Hendrick. Twelve of these men are veterinarians, who do the ante-mortem examinations; six others assist these twelve, and do the tagging, and the remaining twenty inspect the manufactured products, such as sausage, bologna and the like. The ante-mortem examination is made in the pen before the killing has begun, and if any animal looks unhealthy it is marked with a metal tag "U. S. suspect." It is then killed separately and is more carefully examined at autopsy, and if it is found to be healthy, it is stamped "U S. inspected and passed," but if it is found to be unhealthy it is condemned and sent immediately to the government retaining room. After an animal is condemned, every one who has handled the diseased meat must wash his hands to remove the grease; and the instruments, as well as the floor, are properly disinfected, either with bichloride of mercury solution or boiling water, before any other meat is handled. In order to facilitate the removal of the skin of calves and sheep, it is a common practice to inflate the skin by making a small opening in the hide and separating it from the tissues beneath by blowing with the mouth. Under Government inspection this is prohibited, unless mechanical means, such as compressed air, are used.

After the condemned meat is taken to the retaining room, it is then taken, under personal supervision of the inspector to the tank, where, after the Government seal is affixed, the meat is boiled at 220 degrees Fahrenheit for at least four hours. After this process, which kills all the possible bacilli, the carcass is made into fertilizer, and disposed of as such. Last year the government condemned $2,382,433 worth of meat, inspecting a little more than half the amount killed in the United States. Had all the animals killed in the United States been inspected by the Federal Government, there would have been condemned $4,354,855 worth of meat. In other words $1,972,422 worth of diseased meat, most of which was tuberculous, was disposed of to the public.

The difference in appearance between a government inspected slaughter-house and one in which there is no inspection is quite marked. In the former one finds clean stalls, clean butchers, inspectors dressed in fresh white coats, and everything in a hygienic condition. Such is not the case in most of the uninspected houses. There one will find the walls covered with crusts of dried blood and dirt, which are just teeming with all kinds of organisms, the men are untidy, never thinking of washing the clothes they kill in, and the cloth with which they wipe the carcass looks in most cases as if it had never been washed.

From these houses are dispensed most of the tuberculous meat used in Baltimore. There are also the houses in which the scheckters kill and stamp the good meat "kosher." The rest is sold to people who are not particular about buying inspected, clean, healthy food. The uninspected houses buy cheap cows which cannot be sold to the inspected houses and dispose of them without any fear of having them condemned for the diseased condition from which many of them suffer. If these cattle cannot be sold to the inspected houses and cannot be shipped out of the state, (since then the Government inspects whether it is desired or not), who then eats the meat? Plainly the answer is; the people of Baltimore and the State of Maryland.

Our state inspection is absolutely incompetent to carry on this work, since it is not able to support a large enough force of men to do the work, nor can it pay the men which it has enough to insure competence. The whole system consists of two men, neither of whom is a graduate of medicine or veterinary surgery, and were the men the best they could not begin to cover the ground properly.

From this it is evident that the only way to get good, wholesome meat food is to buy only that which is marked by the blue stamp of the government—"inspected and passed" Not only should this be on the primal parts, but it should be on all meat and food products, as a great many animals

which are too much diseased to be sold in primal parts, are ground up into sausage, etc. This meat should be preferred to so-called good country meat, for many times the farmer kills for other reasons than the high market price.

REPORT OF A CASE OF TERATOMA IN THE TESTICLE OF A CHICKEN

Before taking up the specimen it might be of benefit to run over teratoid tumors in general. A teratoma is a tumor-like growth characterized essentially by the fact that the tissue formation of which it is composed does not occur normally in the affected region (heterotopous), or at least not during the period of bodily development in which it presents itself (heterochionous). The growth may consist of tissues developed from one, two or three germ layers. The simplest forms of teratoid tumors are the teratoid cysts. Of these we have two varieties: the ectodermal cysts, and the entodermal and mesodermal epithelial cysts.

The ectodermal cysts vary in size from that of a pea to that of a man's fist, and consist of smooth connective tissue lined by stratified squamous cells. The cavity is generally filled with desquamated cells. These are the simplest forms and are called epidermoids. In other cyst of the same origin the cyst wall may present the characteristics of skin, i. e., it may contain papillae, sebaceous glands, hair follicles, hair-sudoriferous glands and fat. This form is called the dermoid or dermoid cysts. These cysts are found in widely different sites. They are found in the skin, subcutaneous tissues, sides of the neck, mediastinum, peritoneum (rarely), pelvic cellular tissue, coccygeal region, and raphe of perineum, and in the dinamater as cholestaeoma or pial tumors.

The entodermal and mesodermal epithelial cysts are characterized by a lining of cylindrical cells which are often ciliated. They vary in size from that of a pea to that of a man's head. They occur most frequently in the broad ligament and the tube. They are also found in the intestines, lungs, etc.

The origin of nearly all these cysts can be traced in most cases to the persistance of foetal glands, or canals, or to separation through constriction of portions of entodermal or mesodermal epithelial tubes. Thus, in the broad ligament, uterine walls, and fallopian tubes, cysts arise from the remains of the Wolffian body and duct; and in the peritoneal cavity, from snared-off portions of the intestinal mucosa. We also have them from the machus and closed-off portions off branchial clefts. The cells in these constricted portions secrete mucin, old cells drop into the flattened spaces, and they soon become distended and form cysts. These tumors are very prone to malignant degeneration, Carcinoma is frequent.

The complex teratoid tumors are grouped under the name teratomata. These tumors are composed of all three embryonic layers, and occur most frequently in the sexual glands, the cyst occuring chiefly in the ovary, and the solid tumors in the testicle. They are also found in numerous other locations; namely, the cranium, thorax, abdomen, neck, lower jaw, and region of the coccyx. The cysts are generally lined by stratified squamous cells, and may have in their cavities teeth, hair, sebaceous material, and occasionally fully developed arms, legs, etc. The cyst wall often contains cartilage, bone, glands and muscle fibres.

The solid tumors vary widely in their structure, the different foetal layers predominating in different tumors. They generally contain cartilage, bone, muscle, glands of all descriptions, myxomiatous tissue, etc.

The manner in which these tumors orignate is much discussed. Wilms and others hold to the parethenogenitic development of an unfertilized ovum. No absolute proof of this exists, and nothing is known of parethenogenesis in mammalian ova. In support of this theory are a few observations found, Lee found a dermoid with the same relationship to the follicular cavity as the ovum to the follicle. Steinlein found a dermoid as an intrafollicular growth, and connected to the follicular wall by a delicate vascularized pedicle. Kroemed cites a similar case, and Sutton made observations in a case of dermoid in the ovary of a horse.

From these observations it would appear that the epidermal covering of the dermoid is derived from the ectoderm of the ovary. This would also confine all true teratoma to the ovary. Since numerous observations of teratoma containing all three embryonal layers have been made in other locations. This theory cannot be accepted. No less than thirty-one authenticated cases of mediastinal dermoids are recorded.

Bandler holds that these tumors are derived from the ectoderm with a mesodermal stroma; i. e., the Wolffian body and ducts. He attempts to refer the sexual embryomata to the accidental implantation of part of these bodies (i. e., Wolffian body and ducts) during the development of the urogenital sinus. This theory is not plausible, for many of the structures found in these tumors are not accounted for (teeth, bone, etc.) This theory would bring the dermoids and cystadenoma into close relationship. The theory which covers all points in the development of these tumors, and which is being generally accepted, is the Marschand Bonnett theory. This theory gives a genetic equality (1) to all composite dermoids and parasites. It assumes, first, that one or more blastomeres during the early stages of the development of a fertilized ovum are delayed in division, and later give rise to an independent formation containing all three germ layers. Next a fertilized polar body may find its way between the blastomeres of a developing ovum and later develop within the embryo. Finally, a blastomere may be cast off and later become enveloped by the growing embryo. This would also give rise to all three germ layers.

This all takes place before the cells begin to differentiate. The earlier it takes place the more foetus-like and complex will be the resulting growth. After the cells have become differentiated, one layer of the enclosed blastomere may develop faster than the others, giving rise to tumors with ectoderm, mesoderm, or entoderm predominating. Regarding the frequent occurrance of these tumors in the sexual glands,

hese men think the comparatively large urogenital anlage (2) in the foetus accounts for the more frequent occurrence of independent blastomeres in this location. This does not preclude their occurrence elsewhere. Supporting this theory we have several observations. Dreisch observed in the amphious that single blastomeres isolated from the ovum by shaking or unusual treatment are capable of development into small but otherwise normal embryos. He also observed in the sea urchin that incomplete separation of the blastomers resulted in two incomplete organisms more or less united together. Wilson made similar observations in the amphioxus.

Fertilization of the polar bodies has been demonstrated in the vertebrate. This theory not only covers the formation and origin of these tumors, but may be applied to numerous foetal malformations where the cause is intrinsic.

This brings us to a study of teratomata in special organs. Our specimen is a testicle, and we confine ourselves to the dermoids of that gland. They occur here in both forms; i. e., as cysts, and as solid tumors. They range in size from that of a pea to that of a child's head. They may be congenital, but most frequently develop in adult life and grow rapidly. The cysts are in nearly all respects the same as the ovarian dermoids, with which all are familiar.

The solid tumors are by far the most frequent form found in the testicle. These tumors generally exhibit all three germ layers, but are significant in that they never contain any well-developed organs, and tissues are embryonalin in character and attain only a very rudimentary development. Ectodermal tissue is represented by pigmented epithelium or small groups of cells showing cornification. Sometimes cysts lined by stratified squamous cells are found. The micoderm is represented by fibrous tissue, myxomatous tissue, cartilage, bone, and smooth and striped muscle fibres. The entoderm is represented by the epithelium lining the cysts. It may be cubical, cylindrical, and stratified cylindrical siliated. Mucous glands are also often found.

These tumors have been reported in literature as adenomata, chondromata, adeno-chondromata, etc., depending upon the proportion and varieties of structures. Statomatous and carcinomatous, proliferation takes place in the majority of cases, and we have reported cases of chondro-sarcoma, rhabdo-sarcoma, cysto-carcinorina, cysto-sarcoma, etc. Quite a number of cases of syncytia-like formation have been reported and extensively studied under the name of chorio-epithileneata of the testis. When these tumors undergo malignant proliferateni, they grow rapidly and give rise to numerous metastases in the peritoneum, lung, retroperitoneal lymph glands, etc. The majority of metastases are haematogenous.

(To be continued.)

(1.) Equalorigin, same generation.

(2.) Primary constituent of germ or organism; a laying out.

Y. M. C. A.

New Building: Formal Opening

Baltimore has never done more better for itself in the promoting social undertakings than in its steadfast support of the Young Men's Christian Association. A trifle over one year ago a committee set to work to raise $500,000 with which to erect a fitting home for the Association. This amount was raised in thirty days. A large lot was bought at the corner of Cathedral and Franklin Streets and work was begun at once. The building has been completed some time. Its architecture is most pleasing, and the whole building compares most favorably with any building of its kind in the world. The building was formally opened with the following exercises the week ending November 21:

Sunday, Nov. 15.—Evangelistic meeting at Ford's Theatre, 3.30 P. M.; Speaker, Fred B. Smith, of N. Y.

Monday, Nov. 16.—Luncheon to clergymen of city, 2.30 P. M.; dedicatory exercises in Social Hall.

Tuesday, Nov. 17.—Reception to subscribers to building and their friends.

Wednesday, Nov. 18.—Reception to members of the Association and their friends.

Thursday, Nov. 19.—Reception to the students of the city and their friends.

Friday, Nov. 20.—Reception to the boys of the city.

Saturday, Nov. 21.—Reception to the shopmen and their friends.

Miscellaneous

There has been an awakening among the College members of the Association to the need of mission study and the outlook for a class is very bright. The text-book will probably be "The Healing of the Nations." One can scarcely realize the barbarity of native doctors in the heathen lands. The study promises to be instructive, entertaining, and interesting. Join now. Talk it over with Mr. Layman.

Our Association prides itself on being the strongest for years in this institution. We have at present between eighty and ninety pledged members. We wish to take this opportunity to thank Mr. G. C. Minor, our acting Intercollegiate Secretary, for his untiring energy in promoting our efforts.

Dr. Howard Kelly held his Annual Reception to Students of the Medical, Dental, and Pharmaceutical Colleges, and the committee of management of the Intercollegiate Department.

The Baltimore Medical College was represented by nine student-delegates and our representative member of the faculty, Prof. R. W. Johnson. All can attest to Dr. Kelly's hospitality. We also wish to congratulate Dr. Johnson on his impromptu address.

Outlines for the ensuing year were mapped out.

A theological student was sent one Sunday to supply a vacant pulpit in a Connecticut valley town. A few days afterward he received a copy of the weekly paper of that place, with the following item marked: "Rev.———of the senior class at Yale Seminary supplied the pulpit at the Congregational Church last Sunday, and the church will be closed for three weeks for repairs."

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Vol. 4 December, 1908 No. 3

Editorial

Educational Work of the A. M. A.

The American Medical Association has been instituting some excellent educational work through the local medical societies of the various communities. It has for its object the enlightenment of the general public on medical subjects, especially those of personal and domestic hygiene.

The American Medical Association gives each state society a name or elects a chairman and committee on this work, who in turn appoint representatives in the various county societies. All these appointees are expected to give lectures which are requested of them at convenient places, such as school-houses, churches, clubs, etc. This work has already taken decided foothold in Maryland, and the committee, with Dr. Emil Novak at its head, has secured the use of the public schools for their work. Appointments for the counties are soon to be made and the work is expected to be pushed along vigorously.

One can readily see the extreme importance of this work. It will not only be a means of helping and instructing in hygenic matters, but will have a decided influence and bearing upon the morals of the public. Lectures bearing upon the commoner genito-urinary diseases, with emphasis upon prophylaxis, cannot help doing a world of good. Private lectures to parents, instructing them of the evils practiced by children and the best means of suppressing them, will eventually lead to abandonment of a superabundant amount of false modesty, with the proper instruction of children in regard to the inevitable physiological changes which they must all sooner or later experience. Then again it will bring a great number of physicians in contact with groups of the laity, and there take the opportunity to enlighten them upon such matters as the nostrum evils, and as we get information through our several journals upon sanitoria, with shady reputations or fake treatments which need exposure, expound the evils in a clear-cut, consise manner, and thereby help in this great work of prophylaxis, which has for its object moral as well as physical prophylaxis.

As the reqnirements for matriculation at the various medical colleges become higher and higher and thereby demand more time, labor and expense, one can readily see an ever decreasing in the number of medical students. As the student body becomes smaller the aggregate fees paid to the college (applying to any college) would necessarily become less. This would necessitate the raising of the fees in order to keep up the current expenses in all schools except the endowed ones. This would again tend to keep a certain number of students from matriculating, and in the future all unendowed medical schools will have to make some move to protect themselves.

This can be done in one of two ways. First by an affiliation of the unendowed schools, which would hold them firmly together and allow them to operate under much less expense, and thereby give a good course and keep viable with fewer students. At present there are three unendowed schools in Baltimore which could make such an amalgamation to the greatest advantage to all of them. The combined clinic, which would be afforded by the combined hospitals connected with these schools, would be unequaled. The advantages offered are worthy of serious thought.

The other plausible manner in which the school can protect itself is to take the lead of the schools of its kind and hold it. This can only be done by untiring efforts to advance and build, installing new and practical laboratory apparatus and keeping in the faculty a class of men who are in every sense students, and who not only expound to their scholars the hard and worn facts, but also present new fields of study and the gist of the latest valuable investigations in their particular subject. Our Alma Mater seems to have taken the lead in this movement, and with her laboratories has equipped herself for the beginning of a forward movement which we hope will be unprecedented in the history of any medical school. It now remains for the Alumni to stand around her and give their hearty support, and halp in this great move of the old Alma Mater.

Medical History

When we read of or see some great stride in the progress of some of the sciences and find that the advance, whatever it may be has been the result of

energetic thought and study, not only upon present-day compilations but also upon hypotheses, theories, and laws leading to the knowledge of that science, we must often ask ourselves who built the foundations of this great system upon what they built it, and how they built it.

The major part of medicine, in the earlier periods, consisted of anatomy and to the searching for exact knowledge of the construction of the body; many years and lives were devoted, and it was only by close study, intense interest, and constant application that the fathers of medicine handed down to us the volumes of facts which are so valuable to present-day students.

When we talk of medical heroes of the present, we should always think of the heroes of the past, men like Pythagoras, Empedocles, Alcmalon, Diogenes of Appolina, Democritus, and numerous others who in the face of superstition and of ecclesiastical and legal opposition, carried on their meager investigations, and laid down teachings, both moral and physical, for themselves and their successors, which we still abide by and revere.

Aside from the historical knowledge we acquire by the study of such lives, we should revere and honor the fathers of our profession for their own sake, enough at least to be familiar with their names and some of their contributions to medical lore. The devotees of literature perpetuate the names, lives and works of their predecessors, so that, for instance, not only the writers of Ancient Greece, but also their works are in some measure familiar to our high school graduates. But how many of our students can give the name of the great physicians of the same period? We may go on indefinitely, and preserve the case of the historian, theologian, sculptor, etc., and ask the same question: "What was the condition of your profession, and who were the great physicians at the corresponding periods?" When we consider that the oldest book extant, the papyrus of Ebens, written 1550 B. C., was one containing allusions to the structure of the body, we can imagine the wideness and richness of this field of medical history in which to wonder and delight in leisure hours.

Every medical college should have a chair devoted to the instruction of the History of Medicine, and at present a few of them have instituted such chairs with great success and co-operation from the students. We owe it to our diligent and persevering predecessors to know more about them.

"Why This Thusness?"

Truly the workings of the student's mind are past understanding. Why is it that, as the end of each term, especially the term preceding the Christmas vacation, approaches, a large majority of the students seem to forget everything else and bend every effort toward shortening the time which they are expected to devote to lectures and study. Of course it is perfectly natural that being separated from home and loved ones for some time should make a man anxious to return to the scenes he has left to pursue his professional studies; but this anxiety should certainly not be so great as to take precedence over the interest which every man has in studying for his chosen vocation. Yet such seems to be the case. What is the question with which one student greets his fellows all through the month of December? Does it pertain to the college work? No. "When are you going home?" is the universal question.

It seems to make no difference how many days are allowed by the schedule for the trip home, every man feels that he must go two or three days earlier. If the schedule sets the 23rd as the day for closing, we must get away by the 20th of the month; or if the 19th is set as the closing day, we must catch our train on the 16th. And any professor who posts special work for the last few days of a term is looked upon as one who is doing an injustice, and not as the one who is delivering the goods that the student has bought and paid for with someone's hard-earned dollars, if not his own.

The faculty is blamed for the length of time required, yet it is a fact that the faculty has little to do with the matter.

The length of the college term, and even the hours and subjects taught, are not fixed by the faculty but by the Association of American Medical Colleges, and every college belonging to this Association must abide by the rules in order to maintain its standing. And as a matter of fact the existing order of things merits commendation rather than censure, and should receive the hearty co-operation of any student who will but stop and think that he is spending his time and money here to obtain the necessary training for his life work, and that instead of flying off after fleeting pleasures he should gladly perform the tasks of each and every day that leads him one step onward toward his goal.

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PERSONALS

Dr. Charles Sterling Jennings, '97, is situated at Sparta, Ga., and is doing nicely.

Dr. Bernard Levinson, '08, is situated at 163 Henry St., New York. He is very enthusiastic over his work.

E. C. Conroy, '97, and wife celebrated their silver wedding anniversary at their home, 477 Essex St., Lawrence, Mass., November 10, 1908.

Dr. Connelly, one of the residents at the Maryland General Hospital, has successfully passed the Rhode Island State Board of Examiners.

A. G. Shortle, '96, has removed from Chicago, Ill., to Albuquerque, New Mexico, where he has a private sanatorium for the treatment of tuberculous patients.

C. E. Harris, '97, of Hyannis, Mass., has been elected as one of the censors for the Barnstable District Society, a branch of the Massachusetts Medical Society.

Dr. T. A. Carrol, '04, of Belfast, Pa., brought one of his patients to the Maryland General Hospital for surgical treatment. He reports good health and plenty of practice.

Dr. E. E. Kennedy, '05, of Weston Co., Va., made a flying trip through Baltimore, and on his way through took time to drop in and shake hands with his friends at the school.

Dr. B. J. Wess, '05, of Baltimore, is rapidly convalescing from an attack of typhoid fever. He has had a rather severe case, but is now out of danger and will be out in a few days.

M. J. Brown, '96, who has been located in New Bedford, Mass., for the last twelve years, has given up the practice of medicine, and will join his brother in developing a gold mine in Colorado.

Dr. G. A. Auderton, '04, has been appointed as interne at the State Almshouse, Howard, Rhode Island. He is receiving quite a bit of general practice and is much pleased with his position.

Rev. Dr. Wm. Osborne, '82, of 2638 N. Charles St., Baltimore, Md., died at his home on November 2, 1908. Dr. Osborne never took any active part in the practice of medicine, but confined most of his time to the clergy.

Dr. A. M. O'Brein, of '00, who was resident at the Maryland General Hospitsl, stopped in Baltimore long enongh to come back to his Alma Mater and speak with friends. Dr. F. O'Brein is enjoying an excellent practice at Sharone, Pa.

Dr. V. A. Crawford, '92, of Alliance, Ohio, came through Baltimore on an auto trip. He had with him his wife and chaffeur. He reports a pleasant and enjoyable trip. Dr. Crawford is enjoying an excellent practice in Alliance and is taking his trip as a little recreation.

Dr. Charles A. Brown, '95, of Ludlow, Vermont, died suddenly at his home on November 2 of heart disease. The doctor was a member of the American Medical Association and a village trustee of his native town. His age was 49 years.

Dr. C. A. Clapp, '02, of 435 E. Fort Ave., Baltimore, after having passed through a rather severe seige of typhoid fever and promising to make a speedy recovery, has had a relapse which he seems to be combating successfully. The doctor has our sincere wishes for a speedy recovery.

Dr. Isidor Eckert, '07, of 322 East 4th St., New York, N. Y., has successfully passed the State Board of Examiners of that State and is now in general practice. In addition to his practice he has been appointed assistant visiting surgeon to the outdoor department of Mt. Sinai Hospital, and assistant visiting physician to the outdoor female medical department of the Grosvenor Hospital.

Dr. George Rosenbaum, '05, of Philadelphia, was married to Miss Rebecca Belber, of the same city, on September 23, 1908. Dr. Rosenbaum carried off some of the honors of his class ('05) He then settled in Philadelphia, where he was made one of the members of the city milk commission. In addition to this he is enjoying a goodly share of practice in his community. The doctor and his bride have our best wishes for their future happiness and well-being.

Dr. John M. H. Barnett, '94, of Camden on the Ganlie, W. Va., has given up practice and has accepted a charge of the Methodist Conference of W. Va. Dr. Barnett had an excellent practice and a new home, and was living in a rich country when he gave up practice. It is seldom we find a man of such strong convictions, and when we do it makes us look with respect and want to put our hand in his and wish him all success in the world.

Dr. C. T. Stedman, '02, of Castonia, Jefferson Co., Ohio, surprised a few of his Baltimore friends by dropping in upon them after an absence of about five years. Dr. Stedman passed the examination to the Army Medical Corps in 1902, he being the only successful candidate who took the same examination. Since that time he has shown his worth by rising steadily until at present he is Captain of the Medical Corps of the U. S. A. We congratulate Dr. Stedman on his advancement and wish him much more.

Once more Dan Cupid, with unerring skill, has transfixed the heart of a victim. Ordinarily one would have accused Dan of being unwary when choosing such a man for his prey. The skill and tact displayed in such a capture as he made when he added Dr. S. K. B. Seegar, '00, of Baltimore, to his list should make all bachelors shudder. Since graduation, Dr. Seegar is doing extremely well. Besides being a hard worker and a good student, he has the faculty of making lasting friendships. He has lately been appointed one of the consulting staff to St. Agnes' Hospital. Miss Elizabeth Bosley, one of the graduate nurses of the Maryland General Hospital, who is at present residing at Towson, Md., is to be the bride. We congratulate Dr. Seegar, and extend to him our best wishes for a prosperous and happy future.

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THINGS MEDICAL

Junior Prom

In accordance with a time-honored custom, which has been rather neglected of late years, the medical class of 1910 set up a new milestone to make their progress through school, in the form of a "Junior Prom."

The ball was held on Friday night, December 4, in Lehmann's Hall, and was voted a grand success by all who did themselves the honor to attend. The music was excellent, the floor good, the company congenial, and, barring the rather weeping weather, nothing occurred to mar a very pleasant evening.

It is to be hoped that the Junior classes to come will profit by the example of 1910.

The committee in charge, consisting of H. D. MacFarland, H. J. Douney, J. J. Morrissey, W. I. Neller and H. R. Spencer, deserve great credit for their able management of the affair.

♧

'Twas Ever Thus

A young M. E. sat at his desk
In a chilly room and bare.
And never and never an order came
And never a client there.
But the engineer had never a frown,
But murmured, "Wait until I own the town!"
And dreamily set these figures down—

3XYZ—MN×1610gA=Amy.

The doctor sat in his office,
Oh, a doctor young was he,
And his waiting and consulting rooms
Were as bare as bare could be.
But murmured, "Wait until I own the town!"
As he scratched upon a prescription pad,
A certain cure for the blues he had:

R

Mary.

—*The Sun.*

♧

William F. McGrath, '94, has recently been elected president of the Medical and Surgical Staff of the North Adams (Mass.) Hospital.

C. B. Korns, '09, instead of spending his vacation at his home in Johnstown, Pa., will attend the National Phi Chi Convention which is to be held in Atlanta, Georgia.

Mr. E. R. Harvey, of the Senior Class, was successfully operated upon for recurrent appendicitis, on December, 15, by Dr. Warfield. Mr. Harvey was doing very nicely at the last report.

Mr. Leon Schreiber, '09, who was in the hospital for some time for the treatment of a fracture of the leg is out, but still uses a cane. The unfortunate man received his injury in a friendly scuffle with some of his classmates.

Phi Chi Fraternity held their monthly smoker Thursday night, December 10, which was attended by 60 members, including active alumni and honorary

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members from the Baltimore Medica College and University of Maryland.

B. S. Newbauer, of Buffalo, New York, one of the present Sophomore class, was operated on by Dr. Emil Novak, '04, for appendicitis. Mr. Newbauer has been having attacks for several years and the operation followed an acute one. We are glad to say that he has so far recovered as to be able to take up his class work again.

On Monday, December 14, the Freshman Class presented to their esteemed friend and honored professor, Dr. T. B. Marden, a desk and chair. The desk was presented to Dr. Marden before the classes. Mr. Frank Walke, representing the Medical Freshmen, and Mr. Kataba, in behalf of the Dental class, made the presentation speeches. Dr. Marden made an appreciative speech of acceptance, and was heartily cheered at its close.

"Much of the so-called charity in our profession, be it said to our shame, is for personal advertisement and self-aggrandizement. We must guard here against adding hypocrisy to the unpleasant charge of thinking too well of ourselves. It is pointed out that medical men give their services freely to the hospitals and dispensaries. True, they do give their services without salary or direct monetary return; but can't it be candidly said that they give those services as a self-sacrifice, without any hope of ultimate benefit? I think not; and I am entitled to think so, because there is abundant available proof that they do not. Let us be frank and have the courage of our conviction, declaring that in, as well as out of, the profession the laborer is worthy of his hire. Ability, competition, supply, and demand rule here as elsewhere; and as to charity and philanthrophy, be it said, the medical profession ranks second to no other. It does what it can, in the best way that it can, to alleviate the sorrows and sufferings of the world. The spirit of charity is something that belongs to the man whether he be a medical man or not. It is not an exclusive endowment, nor is its exercise a special privilege, conferred upon him by a medical diploma."—L. HARRISON METTLER.

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THINGS DENTAL

The Medical Education of Dentists

At the annual convention of the Virginia Dental Association, held in Richmond on July 14, a strong movement was inaugurated looking to the enactment of a law requiring all students of dentistry to take the full course now prescribed for graduates in medicine, before admission to the practice of dentistry. In short, it is held that a dentist should in the future be a member of the medical profession, practicing his profession as a specialist in dentistry. Whilst this movement in favor of the higher education of the dentist along the lines of the medical student is not a new one, it is an indication of a growing sentiment among dentists that they should be qualified for the work of the physician and should be recognized as specialists in oral surgery, as a distinct branch of surgical work. It is claimed by the dental profession that the diseases of the oral cavity are largely influenced by constitutional conditions, and that the practitioner of dentistry should not be limited in his work to the mechanical treatment of the teeth, but should possess as wide a knowledge of disease and of scientific medicine as the oculist, the aurist and the laryngologist.

Whilst it is true that this view of dentistry has long been held by a number of dentists who have graduated in medicine before or soon after entering upon the practice of dentistry, the large majority of dentists have only the raudiments of a knowledge of general medicine. Many of these men are skillful workmen in dental practice, but fall short of the larger work in oral surgery which a medical training would give them.

The University of Maryland claims to be the first institution in this country to have given a course of instruction in denistry (1821). Baltimore thus early became the center of education for dental students, and her dental schools have become the largest and most successful in America. The courses of instruction in these schools have been improved from year to year until their graduates have been raised to a high degree of proficiency in the science and practice of dentistry. As these dental schools are connected with the medical schools of this city, their students are taught the fundamental branches of the first and second year side by side with medicsl students. They obtain in this way a knowledge of anatomy, physiology, chemistry and materia medica; but at this point instruction in medicine ceases.

It is doubtful whether this limited knowledge of medical science is of any positive advantage to the practitioner of dentistry beyond the fact that it widens his culture and enlarges his view of scientific study. The clinical study of medicine and surgery, which belongs to the third and fourth years' work has a practical bearing upon dentistry as a specialty of medicine. Cut out these important courses of training, and the dentist is limited in his educational preparation to the mechanical treatment of the teeth. The time is fast approaching when the courses of instruction in dentistry will be modified to meet the larger views and ambition of the dental profession. It may not be possible to make every dentist a graduate of medicine, but the number of M.D.'s engaged in the practice of dentistry will largely increase and the oral specialist will have a distinct recognition side by side with other specialists. It is probable that specialism in the practice of dentistry now explains the tardy growth of the movement for the higher education of the dental student. The majority of the men who practice dentistry are satisfied to limit their work to the extraction and filling of teeth, to crown and bridge work, and to fitting of artificial teeth, leaving the more scientific work in the oral cavity to the oral surgeon or to the general surgeon. Just how far dentistry and medicine should go hand in hand in the treatment of the oral cavity it is most difficult to decide. They meet at different points, but for

Luther B. Benton

Dental Depot

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the most part are widely separated. Many of our most skillful dentists know little or no medicine, a few have a theoretical knowledge, whilst a skillful oral surgeon is seldom met with. The movement proposed by the dentists of Virginia is an ambitious one, worthy of encouagement. —*Maryland Medical Journal.*

♔

Meeting of the Maryland State Dental Association

At the regular annual meeting of the Maryland State Dental Association held December 18, '08, the following officers were elected for the ensuing year:

Dr. J. W. Smith, President.

Dr. T. O. Heatwole, First Vice-President.

Dr. F. P. Haynes, Second Vice-President.

Dr. W. W. Dunbracco, Recording Secretary.

Dr. F. F. Drew, Corresponding Secretary.

Dr. H. A. Wilson, Treasurer.

Two men were also elected on the Board of Governors, Drs. S. W. Moore and E. E. Cruzen.

We wish to congratulate our Dean, Dr. Smith, upon his election.

♔

Pi Psi Phi

Friday evening Dec. 4, Pi Psi Phi Fraternity held one of their regular smokers at 927 McCulloh Street. These smokers are eagerly looked forward to by the members and are considered one of the regular monthly attractions of good old Pi Psi Phi.

The room was very tastily decorated with the colors of the fraternity and banners of the College, and the boys sat up to a table that was weighed down with the many good things it held. The boys got busy, and soon everything was disappearing to fulfill its appointed mission to the inner man. After everyone had done justice to himself and the table, all "smoked up," and the toastmaster of the evening, N. H. Baker, called upon several of the fellows for short addresses.

Between speeches and songs the evening passed all too quickly, and it was drawing towards the wee small hours of the morning when the boys dispersed, all voting it one of the most enjoyable smokers they ever had the pleasure of attending.

Too much praise cannot be given the committee that had the smoker in charge, and we can assure Pi Psi Phi members a pleasant evening when our next monthly smoker comes round.

♔

N. H. Baker, '09, was absent from College a few days recently on a southern hunting trip. Mr. Baker reports a good time and plenty of game.

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THINGS LEGAL

Overcash vs. Joseph } In the Political Court

At last this interesting case has been adjusted. It appears that the parties to this suit entered into an agreement whereby it was understood that the Hon. Wm. J. Bryan would successfully carry this State.

Immediately after the election returns were received a dispute arose between the gentlemen as to who was liable under their contract, and after many heated arguments, as to their respective rights in the matter, suit was brought, the outcome of which, has been awaited by others similarly situated. "Lord High Chancellor," Fishman, held, that: while it is universally recognized that a wagering contract is unenforceable because of its illegality, nevertheless on purely equitable grounds there should be some redress in such highly important matters, but, not sitting as a Court of Equity, it was not for the Court to say what were such rights. Mr. Joseph, it is true, accepted the conditions of the contract and should have made himself fully acquainted with the general requirements of the same but as we find that both parties, although entering into a contract, had no positive ideas what was to be the extent of their contract, there evidently being a mistake in the subject matter, there never was any contract, therefore, the defendant may not be liable.

The Seniors' Banquet

The banquet held by the Seniors was voted a complete success and every one present had a very enjoyable evening. Frank Merriken made an excellent toastmaster, and the responses by the members of the class were very appropriate to the peculiarities of the individual speakers. By special invitation Mr. Mark Jackson was present and did his part to keep things lively.

The class members present were Messrs. Merriken, Gough, Sutton, Price, Forster, Smith, Joseph, and Jackson.

Law School Moved

Without the blare of trumpets or shouting from the housetops, the Baltimore Law School recently entered into possession of their commodious new building on Howard Street.

Librarian Jackson has been working overtime arranging the paraphernalia in connection with the reading-room, lecture-rooms and library.

Everyone is delighted with the splendid facilities afforded the student body in the pursuit of their studies and they realize that the road to the coveted L. L. B., will be made much easier thereby. There is no doubt but what the new quarters will infuse fresh spirit and new life into the school, and there is every reason to believe that the Baltimore Law School will continue to be in the foremost ranks of the law schools of Maryland.

Brocning still eats pea-nuts.

Gougle is bound to file his demurrer.

Juniors are busy studying "The Acts."

To study equity, read the rules of the Court.

Have you subscribed for the Year Book?

Delone still sleeps,—the sleep of the just.

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What does Bailey know about domestic relations?

What will the "Gold Dusts" do without their "cosey corner? "

Equity and evidence have very little time for other amusements.

Before you believe what the lecturer tells you, await the ned of Sturtevant's head.

The Juniors are on the anxious bench. Christmas is over, but not the examinations.

We hear that the State's attorney's office is after Kunkel's services. "That's going some."

During the Christmas holidays the Blackstone Club will give a dance in our new quarters.

The Juniors have not found any difficulty with "Seizer." Johnson's occupation's gone.

If rumor can be relied upon the Intermediates will be full-fledged practitioners in the year 1909.

There is one consolation about flunking; you can take another dig at the subject; but who wants to dig the second time?

The Blackstone Club is a very secret society, but you will be "made wise" by placing the dollar with our only MeDermott.

In their usual quiet manner, the Seniors met and decided the future course of the Intermediates in their conduct toward the Juniors.

Smith, '10, should be the banner man in pleading and practice. He's devoured "Poe" three times, which means that he has been "going some."

Joseph knew not whether he was, '09 or '10, but he has been duly initiated, and that ends the story. "Dan" has been given the third degree.

At last we have gotten into our new quarters, and the Juniors expect to have their dedication exercises in the form of a dance. (This isn't the Blackstone Club.)

D. C. Joseph has developed higher ambitions than station-house cases. It is rumored that in the next international convention he will be requested to set matters right with his knowledge of international law.

Just before adjourning for the Christmas holidays the class of 1910 presented Mr. McKee with a handsome mallet as a token of their appreciation for his having so ably filled the office of president of the class.

Johnson has been installed as engineer-in-chief of the B. L. S. He made many measurements, but to-date nothing has been done. Ask Johnson how many cubic feet of equity stuff has been read. His figures are amazing.

The officers of the Blackstone Club are:

McKee, President.
Sutton, Vice President.
Fishman, Secretary.
Joseph, Treasurer.
Johnson, Sergeant-at-Arms.

The Juniors wish to say, for the benefit of those of the Intermediate's who now and then honor them by attending the "Real Property" lectures, that Mr. Janney has announced that beginning January 1, '09, the door of the lecture-room will be closed to all comers after 6:10 P. M.

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PROBES

Dr. Penniman: "Can you give the formula?"

Salles, '11: "He's left school, doctor."

Dr. Penniman: "There is a joke there, but I can't see it.

In the opinion of Dr. Penniman, Desjardines is a good draughtsman when there isn't any drawing to be done.

Dr. Caspari: "Brown, how do you distinguish a balsam?"

Brown, '11: "By the presence of Salome acid.''

"Pedrozo's nerve passes through the foramen O'Malley" was the intelligent news dispensed by a smart Freshman recently.

Feifer, '11, is starting a correspondence school for medicine. In the prospectus he says that he sends questions to the students and they answer them. They are not supposed to "crib;" but if they get stuck, they can open their books. He has several applications for enrollment.

Dr. Novak: "Name the bones of the foot."

Pedraso: "Ilium, ischium, and os pubis."

Dr. Marden (Childs being absent): "Gentlemen, I am sorry to see the F reshman Class Childless this morning."

Dr. Marden declares Walke to be authority on silk hose and peroxide of hydrogen. Ask Walke why.

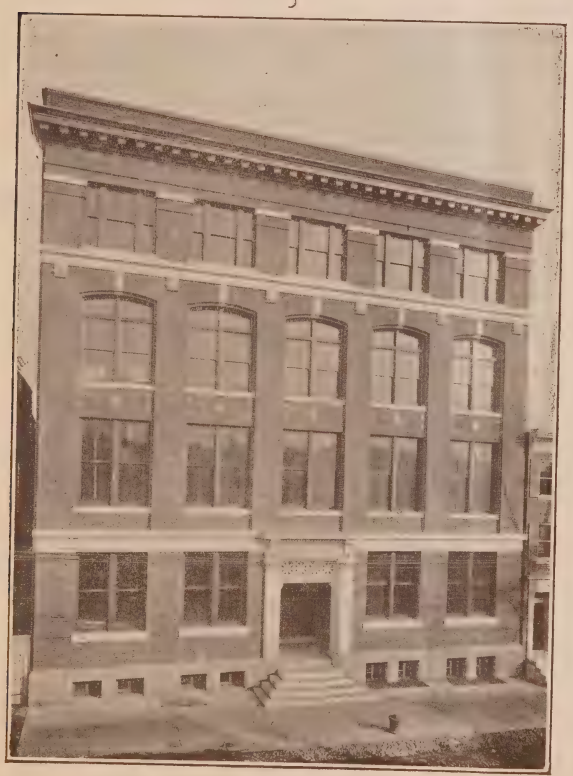
John Martin: "Dr. Pole, what makes the stomach feel full after a hearty meal?"

Dr. Pole: "Why, because it *is* full, I suppose."

Malone, '10: "The small intestine is about ten inches long."

In the society columns of a recent Sunday Sun was an interesting account of a "fox" hunt. The "hunt" was full of excitement, and was of especial interest to B. M. C. fellows on account of two of the hunters being members of the Senior Dental Class, Green and McGovern. Even Green's plunge into a swift stream did not place our boys so far in the rear that they were not present at the "kill," for it was their pleasure to present a brush to a certain Miss Wilson.

It is not our purpose to contradict *The Sun*, but it has been suggested that we ask the boys a few questions in regard to where they procured horses and hounds, and also about that brush; for rumor has it that the brush was not taken from a fox, but was purchased at a jewelry store, and had a sterling silver handle.



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Johns Hopkins vs. B. M. C.

On Thanksgiving day, B. M. C. played the strong foot-ball aggregation from Johns Hopkins University at Homewood field and was defeated. Although defeated, B. M. C. deserves much credit for the game fight waged against the Hopkins warriors. More than once it looked as if she might, after all, come off victorious.

For Hopkins team work won the battle, while individual work on the part of B. M. C. made the game an interesting one and yet a losing one. Hopkins must be given credit for playing a very steady and aggressive game; and B. M. C. deserves praise for the fierceness with which she fought against odds.

Our students showed fine spirit by having a band to accompany them to the scene of action, to help in singing the college songs, and to aid in encouragement for the team. A large crowd besides the student-bodies of the two colleges attended the game.

The Game

Hopkins kicked off to B. M. C. and the ball was returned to B. M. C.'s twenty-yard line. B. Leslie went around left end for five yards. B. M. C., failing to make further gains, punted. Hopkins made two short gains and then successfully worked the forward pass for ten yards. Finally, Hopkins punted, and B. M. C. fell on the ball behind her own goal. B. M. C. kicked out from the twenty-five-yard line and Hopkins ran the ball back to B. M. C.'s thirty-five yard line. Hopkins then began a series of line plays and short-end runs, which seemed to be irresistible; and, in a few plays, the ball was placed behind B. M. C.'s goal for a touchdown. Fulton, for Hopkins, kicked a goal, making the score, Hopkins, 6; B. M. C., 0.

B. M. C. kicked off to Hopkins' ten-yard line, and Hopkins punted back. B. M. C. tried to advance the ball, but, not being successful, was obliged to punt. Hopkins again lost the ball on an off-side kick. B. M. C. then began to advance the ball and worked it up to Hopkins' thirty-five yard line. Then Captain B. Leslie, for B. M. C., dropped back and kicked a beautiful field goal, making the score, Hopkins, 6; B. M. C., 4.

Again, Hopkins kicked to B. M. C., and for a time the pigskin see-sawed back and forth, until finally Hopkins worked the ball near B. M. C.'s goal and Stollenwerck kicked a field goal for Hopkins. Soon after time was called for the first half.

Second Half

In the second half, no scoring was done, and the battle was nip and tuck, neither side having any advantage. Many times one team or the other would begin a series of gains which looked dangerous, but which counted for nought. B. M. C. fought with desperation, realizing that nothing but a touchdown would save her from defeat, but the coveted position behind Hopkin's goal could not be gained. B. M. C. lacked team work to advance the ball, consistently, and finally time was called, with the leather about in the center of the field.

Every man for B. M. C. played a hard, aggressive game; and had the men worked together as did the Hopkins men, the score would have been different. Lack of practice resulted in defective team work, and caused the loss of the game.

LINE-UP.

HOPKINS		B. M. C.
Musser	L. E.	E. Leslie, Rielly
Bosley	L. G.	Bond
Michael	L. T.	La Fortune
Stock	C.	Childs
Owens	R. G.	McNaught
Stockton (C.)	R. T.	Mahaney
Street	R. C.	Reardon
Stollenwerck	Q. B.	B. Leslie (C.)
Chesney	R. H.	Roddy
Fulton	L. H.	Barrett
McCabe	F. B.	Devine

Umpire, Hunler; referee, Burk; head linesman, Leslie; timekeepers, Maslon and Carr; time of halves, 30 minutes each.

Basket-Ball

On Saturday night, December 5, B. M. C. defeated U. of M. 63 to 7, at the B. A. C. The team showed up well. B. Leslie was in his old-time form and seemingly made baskets at will. Lapham, playing at center, still executes those sensational shots which characterized his work last year. Newbauer was absent, having undergone an operation recently, but his position was well played by a new recruit, McNamara. E. Leslie replaced McNamara in the last 10 minutes of the last half, and showed his talent creditably by making three successive goals on passes from Lapham. Smith and Holly, at guards, owing to lack of training, were not in as good form as expected; however, they played an aggressive game and easily prevented the U. of M. forwards from shooting baskets.

The entire team is now practising regularly for their coming games, and by good support from the rooters should bring many honors to B. M. C. this season. Then let every B. M. C. man make it a personal matter and give his support, and B. M. C. not only may boast the intercollegate championship of Maryland, but may add many greater victories to her list. Manager Maslon well deserves all the good words that can be said for him, as he is working earnestly in behalf of the team and in behalf of B. M. C.

LINE-UP

B. M. C.		U. of M.
Lapham	C.	Morris
B. Leslie, capt.	F.	Graft, capt.
McNamara / E Leslie	F.	Ralsey / Trigg
Holley	G.	Hoffman
Smith	G.	Fassenfel

Referee, Lynn. Time-keepers, Johnson and Whelan.

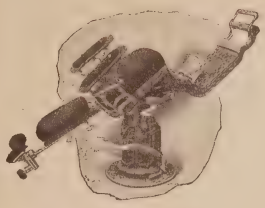
Reflections and Afterthoughts

A dermatologist like a poet is born, not made. If he desires to make his birthright recognized he subscribes and pays for journals on skin diseases—*Verbum Sat.*

"A druggist never feels prouder than when he is addressed as "doctor." His sense of importance is almost as great as that of the assistant at a free clinic whom the patients call "professor."

"A peculiarity noticed in the accoutrement of physicians is that the more recent a medical graduate is the larger the size of his bag. When he has become grey in the service he carries his instruments in his coat pocket.

"The man of one book is dangerous especially if he be a physician; the man of a hundred books may be useful; but, the medical man becomes better the more medical journals he reads."



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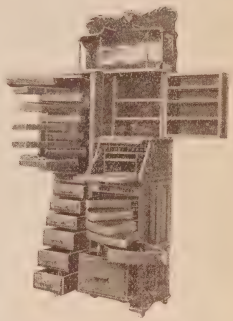

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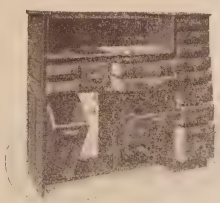

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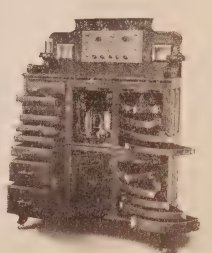

Harvard Switchboard Cabinet, Style 52X

Harvard Switchboard Cabinet, Style 56X

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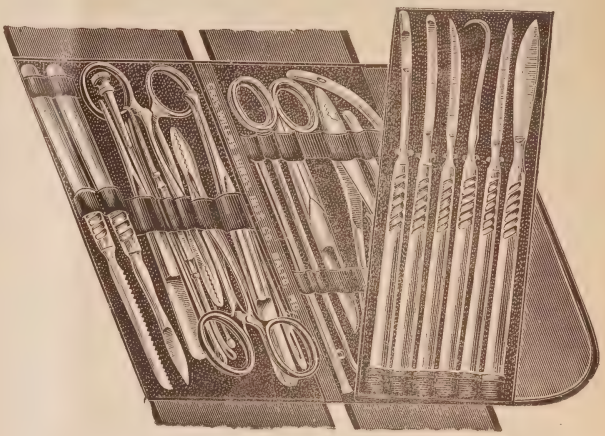

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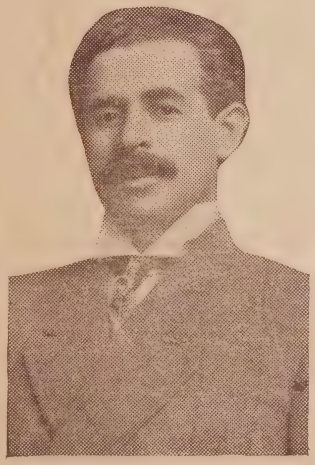

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THE SIGNIFICANCE OF PAIN IN PELVIC DISEASE*

By EMIL NOVAK, M. D.,

Associate in Gynecology and Anatomy, Baltimore Medical College.

When one considers the fact that it is the symptom of pain which, more frequently than any other, brings the patient to the physician for advice, and that it is upon this same symptom, more than any other, that the clinician must in many cases rely for information concerning the location and character of the underlying lesion, it will be conceded that from the standpoint of both the patient and the physician, pain is probably the most important of the symptoms of disease, and hence no apology is needed for the subject of this paper. If an excuse were needed, however, it could readily be found in the fact that in the field of gynecology, probably more than in any other branch of medicine, there is a widespread, and I fear, a growing tendency to a neglect of the anamnesis, especially with regard to the symptom of pain. While not meaning to belittle in any way the importance of a careful and thorough physical examination, nor even to subordinate its value to that of such a purely subjective symptom as pain, I am convinced that by diligent and painstaking inquiry concerning the various aches and pains of which the gynecological patient so frequently complains, together with the judicious rating of these complaints which can come only from a broad and comprehensive consideration of the patient's physical and mental make-up, much of interest and real value may often be learned. Medicine in all its departments, is too far from being an exact science to justify the physician in basing his diagnosis, prognosis and treatment all upon the physical findings alone, by "rule of thumb," as it were, rather than by a careful consideration of the personal equation presented by each patient. With the development of modern surgery and the comparative simplicity and safety of laparotomy at the present day, there has been developed, as Deaver points out, an unpleasant tendency to surgical superficiality, and it is as unfortunate as it is true that with not a few gynecologists diagnosis resolves itself largely into a question of whether or not to operate. While I, of course, realize that in many instances the exact nature of a surgical lesion cannot be ascertained until the time of operation, yet I feel that the true student of surgery is not he who looks upon each surgical problem presented to him as a Gordian knot, to be unraveled only by the ever-ready and too convenient scalpel.

It is not my purpose in this paper to take up in a categorical manner the various forms of pelvic disease and their relations with pelvic pain of various kinds, but rather to consider in a broad and more or less generalizing manner some of the most common types of pain associated with pelvic disease, and the laws which seem to govern them. The internal generative organs of the woman differ considerable in their importance as sources of pelvic pain, the uterus being probably of less importance to the gynecologist from this standpoint then are the tube and ovary. That the uterus may be the source of pain, however, is well exemplified by the frequent occurrence of pain as a result of the presence within the uterine cavity of foreign bodies, such as blood clots, which by the irritation of their presence set up expulsive contractile efforts on the part of the uterine musculature, thereby eliciting the colicky pains so characteristic of this condition—pains which, to all intents and purposes are merely miniature labor pains. This, at least, is the time-honored explanation of pain of this sort, and so far as I know, it has not been entirely disproved by the recent interesting developments in connection with the causation of pain in other hollow muscular viscera, especially the intestine, which in many ways can be considered as analogous to the uterus.

As is well known, Nothnagel a few years ago asserted his belief that the pain of intestinal colic is due to the irritation of the terminal intestinal nerves, which is produced by the tonic contraction of the muscular fibers in the wall of the gut. When, however, it was shown by Lennander that the intestinal nerves are insensitive to all ordinary pain stimuli, he receded from his position, and in his "second hypothesis," published shortly before his death, he expressed the belief that even though under ordinary circumstances the intestinal nerves are comparatively insensitive to pain, this sensibility is markedly increased by the local anemia produced by the muscular contractions in the wall of the affected loop of gut, and that in this condition they can therefore register sensations of pain.

This second theory, however, seems also to have been satisfactorily met by Lennander, who, by means of observations in the course of abdominal operations under local anesthesia, demonstrated that even though, by means of the faradiccur-

*Read before the Baltimore City Medical Society, February 7, 1908.

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rent, the gut be thrown into a condition of tetanic contraction so intense as to make it rigid and almost bloodless, the individual will still be free from pain, provided that no traction has been exerted upon the mesentery of the affected loop. If however, the mesentary, be dragged upon, the individual complains of colicky pain, similar to that experienced in the so-called intestinal colic. As a result of numerous experiments of this nature, Lennander concluded that all the viscera supplied only by the sympathetic, or by the vagus below the point of origin of its recurrent laryngeal branch, are insensitive to pain, and that the pain of visceral colic is due to the indirect effect produced upon the highly sensitive parietal peritoneum. In the case of the uterus, however, there is, in addition to the sympathetic nerve supply, a somatic supply from the third and fourth sacral nerves, so that we are not justified in ascribing the pain of uterine colic entirely to the indirect dragging effect produced upon the parietal peritoneum, although, that this may to a large extent be concerned, cannot be denied.

The cervix uteri, which is supplied largely by the sacral nerves, is, on the whole, comparatively insensitive to pain except that produced by compression of the cervical tissues and even more, that produced by dilatation of the cervica canal. Inflammatory disease of the endometrium or of the uterus as a whole, is not usually associated with great pain a more common complaint being of a sensation of weight and heaviness in the hypogastrium. The pain of displacements, when it exists, is probably most frequently produced indirectly by the drag of the displaced organ upon the parietal peritoneum, although the obstructive dysmenorrhea so frequently associoted with the uterine flexions is more rationally explained as a form of uterine colic, the uterine muscle endeavoring, by its colicky contractions, to expel the menstrual blood, not infrequently in such cases clotted, beyond the point of flexion. Carcinoma of the uterus is in many cases not characterized by much pain until a rather late stage of the disease, frequently not until it has passed beyond the uterus. The pain, when it does occur, is usually neuralgic in character and often of a distressingly severe type, as can well be imagined when we consider that, together with the steady advance of the disease and the increasing pressure upon large nerve trunks, there is occurring an equally steady decrease of the patient's resisting powers. Moreover, Kundrat has shown that in some cases there is an actual infiltration of the nerve trunks themselves with cancer cell.

As I have already stated, the tube and ovary, as sources of pelvic pain, are probably even more important than the uterus, and the greatest care and skill is frequently necessary for a proper interpretation of the many interesting problems presented by patients suffering from pain in the region occupied by these organs. It does not require a long experience, for instance, to be impressed with the fact, that pain in one or both iliac fossæ is far from being pathognomonic of disease of either the tube or the ovary. In a general way it may be said that these two structures are, from the standpoint of their agency in the production of pelvic pain, governed by law essentially similar.

In an excellent paper upon the so-called "ovarian pain," published in 1904, Herman considers the causes of this pain under four heads, as follows, (1) Peritoneal; (2) reflected; (3) neurasthenic; (4) hysterical, and his classification seems to have been followed by many of the later writers upon the subject and, indeed, its scope might well be extended beyond the field of the ovary, so as to embrace the subject of pelvic pain generally.

By peritoneal pain is meant, of course, that form of pain dependent upon some condition, usually inflammatory, of the peritoneum covering the organ, or, in the case of the ovary, of the so-called germinal epithelium. This is a very frequent and potent cause of pain in pelvic disease, and I believe it may be stated that much of the pain in the ordinary case of inflammatory disease is due to the peritoneal process —the perisalpingitis or the peri-oophoritis, for instance— rather than to the lesions of the organs themselves. This statement may be taken as a point of departure for a brief discussion of the very relevant question of the sensibility of the peritoneum, already touched upon in another connection.

As far back as 1893, Mackenzie, in his monograph upon "Some Points Bearing on the Association of Sensory Disorders and Visceral Disease," alludes to the "insensibility of the peritoneum" but he makes no distinction between the visceral and parietal layers. A far more ancient reference than this may be offered, for Meyers cities from Xenophon's Anabasis "that after one of the battles, Nikarchos, the Arcadian, came in flight wounded in the abdomen, holding his entrails in his hands." The same author, moreover, quotes the great Bichat as having seen dogs devouring their own intestines when they had prolapsed through an abdominal wound. It was Lennander, however, who first drew a sharp distinction between the visceral and the parietal peritoneum, demonstrating that the former is insensible to the ordinary stimuli which produce pain—cutting, pricking, burning, etc., while the latter is acutely sensitive to such stimuli. Even when the visceral peritoneum is acutely inflamed or otherwise diseased, it is said still to be insensitive to pain. Most of his conclusions Lennander arrived at by observations in the course of operations under local anesthesia, and it is only fair to state that his results have been disputed by some observers, notably by Kast and Meltzer, who assert that the apparent insensitiveness of the visceral peritoneum is due to the anesthetic effect produced by the cocaine which is used for infiltrating the line of abdominal incision, part of which finds its way into the circulation, and thus to the intestines. This objection, however, would seem to have been satisfactorily answered by Mitchell, of Washington, who reports two abdominal operations performed with no anesthetic other than normal saline solution, in which exactly the same observations concerning the sensibility of the various portions of the peritoneum were made as when cocaine had been used as an anesthetic. Other investigators have corroborated Lennander's observations, so that although the matter cannot yet be be considered as absolutely

settled, the weight of evidence so far is certainly in Lennander's favor.

If, then, the visceral peritoneum is devoid of sensation, and if, as Lennander further demonstrated, the viscera themselves may be cut, torn and pricked with impunity so long as the parietal peritoneum is not disturbed, we are naturally led to inquire as to the cause of the so-called visceral pain. If, for example, the appendix is absolutely insensitive to pain, and if, even though acutely inflamed, it is possible to remove the appendix without causing pain to the individual, what is the cause of the intense pain so charactertisic of acute appendicitis? In the consideration of these questions we are at once launched upon a most interesting sea, for at the very outset we are confronted with the statement, which in the light of such observations as those mentioned above, is probably correct, that there is no such thing as visceral pain, *i. e.*, pain felt in the viscera themselves. The brilliant and classical researches of Head, published in 1893, turned the attention of the profession in an attractive and interesting manner to the question of the relation of pain to visceral disease. After a long series of painstaking experiments, Head demonstrated, among others things, that the pain which is usually attributed to the viscera in the various forms of visceral disease is in reality not felt in the viscera themselves, which are insensitive, but that it is a referred pain, being felt through the sensitiveness of the spinial nerves in the abdominal wall overlying the affected viscera. He found, furthermore, in these cases of visceral disease that the pain is frequently associated with well-marked tenderness of the skin, and taking his cue from an earlier paper by Ross "On the Segmental Distribution of Sensory Disorders," he conceived the idea that these tender areas might bear some relation to the distribution of the nerves of the part. By means of an interesting series of observations and experiments, he discovered that, as a matter of fact, these areas of pain and cutaneous tenderness corresponded exactly with the distribution, not of the individual spinal nerves, but of the various segments of the spinal cord, the pain usually being present over a much smaller area than the skin tenderness, and the point or points of pain representing merely the points of maximum tenderness. In some cases pain alone is present, its location serving as a guide to the spinal segment involved in the sensory disturbance, even in the entire absence of cutaneous tenderness. So that when a patient with gastric ulcer, for instance, complains of pain over a certain area in the epigastrium, this pain is not felt at the seat of ulceration in the stomach wall itself, but is referred to the terminal spinal nerves which supply the abdominal wall over the ulcer, and which correspond to the same segment of the spinal cord as the sympathetic fibers supplying the diseased stomach wall. That the pain of gastric ulcer is a referred pain would seem to be further indicated, as has been pointed out, by the fact that the situation of the painful area is not influenced by changes in the position or distention of the stomach, such as are produced by the indigestion of food, inflation of the organ, etc.

If these views be correct, the question naturally arises as to why the pain should be referred in this manner to the somatic sensory nerves, and to explain this Head steps into the domain of neurology. It is a fact familiar to neurologists that if a painful stimulus be applied to an insensitive portion of a nerve area, pain is felt, not at the point of application, but in the more sensitive portions of the same nerve area; thus, if the nerves of the foot, as a result of disease, are insensitive to pain, a painful stimulus applied to the foot provokes pain, not at the seat of application, but in the thigh, or perhaps in the opposite foot. This phenomenon, which neurologists speak of as allocheiria, Head believes is concerned in the production of the pain of visceral disease, a visceral disturbance producing pain, not in the insensitive visceral sympathetic nerves, but in the more highly sensitive terminal filaments of the spinal nerves supplying the abdominal wall and connected with the same spinal segment as the involved sympathetic nerves. In this manner, by a "trick of the brain," as it were, are produced the various forms of visceral pain. The very nature of the subjuct makes absolute proof of the hypothesis of Head extremely difficult, but although certain inconsistencies, some possibly real and some only apparent, will perhaps suggest themselves there can be little doubt that most of the phenomena of visceral pain are explainable by this theory.

The application of these broad principles to the sphere of pelvic disease is evident, for if the pain of tubal or ovarian disease is referred pain, it would seem that by a careful study of the area of pain present in any given case we might, by a process of reverse reasoning, be assisted in deciding as to which organ is at fault, inasmuch as Head succeeded in ascertaining the segments of the spinal cord which are associated with each of the important viscera. According to the table given by Head, disease of the ovary is apt to be associated with pain in the area of distribution of the tenth spinal segment, the seats of most frequent pain being, in front, a point internal to the anterior superior spine of the ilium, about two and a half inches outside and one inch below the umbilicus, and behind, a point corresponding to the tip of the twelfth rib. With tubal disease, on the other hand, the pain is apt to be referred to the areas of distribution of the eleventh and twelfth dorsal and the first lumbar segments of the cord, the so-called "maxima" being, in front, a point in the groin just above Poupart's ligament and behind the area over the fifth lumbar and first sacral spines. The cutaneous tenderness which exists in many of these cases over the areas of distribution of the involved nerve segments is considered by Head even more important from a diagnostic point of view then the occurrence or location of pain, and, that in favorable cases it may be of the greatest diagnostic value is well exemplified by the three cases recently reported by Sir William Bennett. The frequent absence of this tenderness, however, together with certain misleading possibilities in its occurrence or distribution, some of which will be suggested below, make its diagnostic value in gynecologica practice very limited. In a few cases I have derived some assistance, only, however, of a confirmatory nature from the symptom, but my observations are as yet so limited in num-

ber that they do not warrant me in forming an opinion.

It is a well-known fact that ovarian disease of one side may be characterized by pain either entirely or at least predominantly on the opposite side, and indeed the same thing might be said of practically any of the bilateral structures of the body. For instance in a case of severe left-sided quinsy which I observed recently, the patient complained of sharp sticking pain ln the right side of the throat only. The pain of a prolapsed ovary is not infrequently referred to the opposite side of the pelvis. Anatomically this peculiarity may be explained by the fact that there is interchange of nerve fibers between the corresponding segments of the two sides, although just why the pain is transferred in some cases and not in others, is rather difficult to explain.

Another peculiarity in the distribution of pelvic pain is the greater frequency with which it is said to attack the left side. Most writers assert that pelvic disease is much more common in the left side of the pelvis than in the right explaining this by the course of the left ovarian vein, the position of the rectum, etc., but it seems that, irrespective of this fact, there is still a tendency for disproportionate involvement of the left side in pelvic pain. Champruys, for instance, in a series of cases of uterine cancer, found the proportion between left-sided pain and right-sided pain to be as six to one, although there was no greater tendency to involvement of the left side in the disease. Herman, in a similar study of cases of retroversion of the uterus, found pain on the left side three times as frequently as on the right, although there was nothing unilateral about the displacements. He ascribes the greater frequency of pain on the left side to the fact that this side, meaning, I presume, also its nervous distribution, is weaker and less resisting than the right, although this would seem to be a vague and rather unconvincing explanation.

If all case of disease of the various pelvic viscera were associated with pain in certain definite areas, it is evident that the diagnosis of such conditions would be greatly facilitated. Unfortunately, however, the gynecological patient frequently complains of pain in portions of the body quite remote from those corresponding to the involved nerve segment, and even more unfortunately, there is a large class of patients who complain of pelvic pain, and in whom no lesion whatever can be found to explain its occurrence. When there occurs a diffusion of pain from the area primarily involved, and when we can exclude an actual extension of the disease, the explanation for the extension of the pain would seem to be in a diffusion of the pain stimuli to neighboring segments of the cord, and to permit of this extension there must have been a weakening of the nervous resistance, or perhaps an inhibition of the control of the psychic centers. Clinical experience will suggest to us several factors which might be influential in this diffusion of pain, such, for instance, as anemia, cachexia, high fevers and menstruation. As a result of anemia, for example, and the consequent anemic deterioration of the nervous system a patient with a definite local pelvic lesion may, by extension of pain to other parts of the body, be converted into the luckless neurasthenic, with whom we are all only too familiar.

The cachexia of uterine cancer, as I have already intimated, is probably just as important a factor in the increase in the severity and distribution of the pain in this condition as is the spread of the disease itself. We are, furthermore, all familiar with the hypersensitiveness of the nervous system found in febrile conditions, and the tendency in such cases for the slightest touch to be magnified into a pain or ache.

More important and germane to our topic, however, is the familiar influence of menstruation upon pelvic pain. Even under normal conditions this physiological process is associated with a general increase in the nervous sensibility of the woman, and in conditions of pelvic disease it is a matter of familiar knowledge that the hypersensitiveness of the nervous system is often acute and that the perceptions of pain is, with few exceptions both, magnified and diffused. This, at least, would seem to be a more rational explanation of the menstrual pain of pelvic disease, than to attribute it entirely to the pelvic congestion associated with the process.

The weakening of the nervous resistance of the woman as a result of persistent attacks of pelvic pain has a practical bearing of the greatest importance, inasmuch as it frequently forms the basis of the neurasthenia which constitute such an intractable complicating factor in many gynecological conditions. The moral to be drawn from this fact is that, if a woman be suffering with a surgical disease of the pelvic viscera which is undermining her general health, making her an invalid, and among other things weakening her nervous resistance, the indication is strong for surgical treatment, for otherwise there will be superimposed upon the clincal picture of the original disease the familiar and unpleasant picture of neurasthenia, which from a broad viewpiont, is just as truly a complication of pelvic disease as is peritonitis.

If the neurasthenia be already fully developed, it is important to remember that even though by operative interference, the original cause of the now complex clinical picture be removed, the neurasthenia may persist for a considerable time after operation, frequently giving rise to annoying symptoms which detract from the completeness of the cure. Taken as a class, probably the most marked and most distressing nervous symptoms are seen in cases of chronic pelvic disease in young women in which it may be necessary to remove both ovaries, either with or without removal of the uterus. In such case the condition of neurasthenia to which the woman had perhaps been reduced by her long-continued pelvic disease, is frequently acutely exaggerated by the artificial menopause which is now precipitated upon her.

If the above statements be correct, it would seem fair to conclude that if operation be resorted to before very marked deterioration of the nervous system has occurred, the removal of the cause will usually be followed by a much more rapid and striking recovery, with a correspondingly rapid

restoration of the nervous equilibruim. This, of course, is only one of the factors which should be weighed in the consideration of the advisability of operative treatment, and, indeed, opposed to that class of patients in whom pelvic disease results in serious general and nervous impairment, there is a very large group in which even serious pelvic conditions are associated with remarkably little discomfort or deterioration of the general physical or nervous couditions. All of us have probably seen cases in which serious inflammatory conditions within the pelvis have not seemed incompatible with a condition of comparative comfort and freedom from annoying symptoms. So that while the course to be pursued in any case will dépend largely on the knowledge which can be obtained only through careful pelvic examination, yet in many instances the consideration of such factors as the above may be of considerable importance, and not infrequently will sway the judgment toward one method of treatment or another.

Finally, in connection with this subject of neurasthenic pain, it need scarcely be emphasized that when pelvic disease and neurasthenia coexist in the same patient, the neurasthenia is not always the result of the pelvic condition, and that, as a matter of fact, neurasthenia may exist in the entire absence of any discoverable lesion either in the pelvis or elsewhere. The latter type of cases, by no means infrequent, neurologists explain as dependent largely upon influences of heredity and environment. The hypersensitive nervous system of patients of this class, constantly "on edge," as it were, will exaggerate and distort stimuli which in the healthy woman produce no abnormal effect and thus are produced sensations of pain and tenderness, even perhaps in the complete absence of discoverable lesion. It is in this class of patients, and especially when the neurasthenia seems to focus itself upon the pelvic organs, that perplexing problems of diagnosis and treatment are frequently encountered.

We are all familiar with the picture of the woman who complains, perhaps bitterly, of pain in the ovarian region in whom on physical examination the entire genital apparatus may be found perfectly normal. It is such cases as these which were formerly spoken of as ovarian neuralgia, and which in former years were only too frequently treated by oophorectomy. Happily, this is a custom which has become more or less obsolete, and the feminine sex is to be congratulated that the gynecologist of to-day has awakened to the fact, though perhaps by a slow process, that with few exceptions true surgery should consist in the removal of hopelessly diseased organs or parts of organs, and the conservation of healthy organs and tissues, and that to remove an ovary for no other reason than because it gives or seems to give pain to a woman who perhaps is a neurasthenic, is procedure which has just as little to commend it as the extraction of a sound tooth because it seems to be the source of pain trifacial neuralgia.

Scarcely less unjustifiable, but unfortunately not yet so obsolete, is the practice of removing ovaries which are described as "cirrhotic" or "sclero-cystic." Such changes in the ovary are quite frequent, but, while in a small proportion of cases such ovaries may perhaps cause pain, it has been shown by Herman and others that there are no anatomical criteria by which an ovary which is causing pain can be distinguished from one which is absolutely painless, and of whose existence the woman may be entirely unaware. The gynecologist, therefore, knowing that such ovaries are frequently found in perfectly healthy women, should be exceedingly circumspect in attributing pelvic pain to organs showing these changes, and never should he arrive at such a conclusion until he has subjected the patient to a careful and thorough general examination, especially from the standpoint of her nervous constitution.

The pelvic pain of hysteria, formerly confused with that of neurasthenia, has, of late years, owing to the better understanding of hysteria and its recognition as a definite disease, with well-marked symptoms, been quite clearly differentiated from that of neurasthenia. In the light of our present knowledge, when a patient with no discoverable lesion of the pelvic organs complains of pelvic pain, it would be wrong to consider the pain of hysterical origin unless the patient present some of the well-known earmarks of this disease, such as the various disturbances of sensation—anesthesia, analgesia, hyperesthesia, hyperalgesia, etc. In neurasthenia the areas of pain and tenderness, though perhaps quite extensive, are, at least in clear-cut cases, definitely referable to certain segmental areas. In hysteria, on the other hand, we have to deal with a disease of the cerebral cortex, and the pain is, therefore, usually referred to certain regions of the body which might be suggested to the patient's own mind, such as the foot, the hip, the knee, etc.

The hyperesthesic batches which are seen so frequently in this disease, are especially apt to occur over the region of the ovary, although usually their hysterical origin will be suggested by the presence of other evidences of the disease.

From even this imperfect and, I fear, somewhat disconnected survey of some of the principal varieties of pelvic pain, it can be seen that the study of this subject involves much more than a mere examination into the pelvic condition, and that, in order to arrive at a true appreciation of the varied significance of pelvic pain, the gynecologist will often be led "far afield," in his search, and hence must accustom himself to extend his horizon beyond the confines of his own limited field to a more comprehensive consideration of the patient's general make up—physical, mental and moral. The well-known individual differences in the susceptibility to pain must always be borne in mind, for a lesion which in some patients will cause very little discomfort, may in others give rise to agonizing pain. And it is upon this influence which the "personal equation" exerts upon the severity and distribution, and hence upon the significance of pelvic pain, that I would lay a final emphasis.

In conclusion, to place before you what I consider some of the salient points of this broad question, I would state:

1. That while it is true that a careful physical examination is of the first importance in the diagnosis of pelvic disorders, yet a consideration of the character and distribution of the pelvic pain will often yield interesting and suggestive

information, although the limitations of such observations from the standpoint of diagnosis are evident.

2. The good surgeon will endeavor, as far as possible, to ascertain the exact nature of the disease before resorting to operation, and will not rest content with merely deciding as to the advisability or inadvisability of operation.

3. The pain of pelvic visceral disease is in a general way governed by the same laws which apply to the causation of pain in the other abdominal viscera.

4. One of the dangers of neglect of pelvic disease, is the possibility of the development of a condition of neurasthenia, with a diffusion of pain to other parts of the body, and the appearance of other more or less characteristic symtoms of this condition.

5. One of the reasons for the continuance of unpleasant symtoms after operative treatment of pelvic lesions, is the persistence of the neurasthenia which is frequently a complicating factor in such cases.

6. Hysteria as it manifests itself by pelvic symtoms presents the same characteristics which distinguish it as it appears in other parts of the body.

7. The removal of normal ovaries for condition of pelvic pain is founded upon an erroneous and obsolete conception of the mechanism of such pain, and modern surgery has condemned such a procedure as unjustifiable from a theoretical point of view, and useless from the standpoint of clinical experience.

8. The so-called fibro-cystic ovaries are frequently found in women who enjoy perfect health, and hence great caution is necessary in attributing pelvic pain to such organs. If operative treatment be resorted to at all, it should be conservative rather than radical.

9. The gynecologist must learn to look upon pain as the resultant of two factors, the lesion and the patients, and in order to arrive at an intelligent appreciation of the true significance of pelvic pain, he must study both these factors with equal fidelity.

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839 N. PATTERSON PK. AVENUE.

REPORT OF A CASE OF APPENDICITIS WITH SEPTIC PERITONITIS*

BY J. R. LYNCH, M. D., (1896)

Mr. President and Fellow Members:

I have been kindly requested to read a paper before you. The subject I have chosen will not be absolutely technical and scientific, and yet I hope that it may prove interesting to you all. Another fact to be considered is that I am handicapped in several manners from the very start, for I lack all oratory and rhetorical knowledge. Country physicians are not generally noted for their eloquence, and allow me to confess, gentlemen, that in this I belong to the general class. I have always preferred medical studies to researches in the charming field of letters, and will therefore simply begin the recitation of one of my recent experiences as a country surgeon.

I am located in one of the southern towns of the Green Mountain State, known by the French name "Vermont." I operate a private hospital in connection with my practice, which covers a radius of some 25 miles in every direction. Experience has nevertheless taught me that hospitals cannot be of any use, in many instances, in country practice, owing chiefly to the circumstances present. A surgeon, situated as I am, often has to perform his duties in the patient's home, far away from all hospitals or hospital accommodations. Such a case is the one I am about to relate. It may show you, fellow members, who are practicing in large centres, to what means country physicians and surgeons have to resort, at times, in their earnest attempt to save human lives; and it may also show you to what extent, in such instances, their own judgment, with patience combined, must be their ever-guiding star. Surgeons who work in well equipped and modern operating rooms, and who have at their sides capable assistants and professional attendants, will gain an insight into our occasional troubles and tribulations.

One Sunday evening, some few weeks ago, I was in receipt of a telephonic message from a B. M. C. graduate who practises some 40 miles by carriage-drive north of my own home town. This laconic message plainly stated that my services were requested some fifty miles north of my home. The case was a surgical one, and one, moreover, that required immediate attention. A good livery team was secured; and, accompanied by a good driver and a good nurse, we were soon ready to leave upon our long trip. Everything pertaining to surgical necessities was carefully packed in the

*Read before the B. M. C. Alumni Gathering, held in Boston, on March 11, 1908.

rig, and off we sped as fast as a good pair of horses and a reckless driver could advance.

Let me digress for one second and tell you that the distance seemed long to us, for the reason that we were constantly facing a typical Vermont snow-storm. We surely did advance, however, for finally we reached our point of destination, which was an unusually poor farmer's dwelling, built over a century ago.

There we found the family physician already awaiting us. The house was old-fashioned to the last degree, and very poorly equipped with the many, many things so much we needed. An olden-time water pump furnished us with good pure water Having located a chimney-fire in one room, we got ready for use our necessary supply of water. We then turned our attention toward our patient.

I found him lying upon a poor mattress. He was a young man, 17 years of age, the son of a farmer. He was in a terrible condition. His temperature registered 105 degrees; his pulse beat 140 to the minute; his respiration was approximately 60. Our examination of the case before us was a thorough one, resulting in our unanimous diagnosis of chronic appendicitis, with other symptoms present. In spite of our unfavorable surroundings, in spite of everything before us, we knew that circumstances compelled us to adopt desperate measures, and at once. Our unanimous conclusion favored an immediate operation, although it was 11 o'clock at night, and that regardless of surrounding difficulties, this being our sole chance to fight for our patient's life. We decided to make every attempt, however desperate, to save one life. We soon had exhausted our skill in the construction of an improvised operating table. The operating room, if I may give it this name, was prepared according to the best methods possible. One good-natured neighbor, putting aside his natural timidity, volunteered to help us by holding the lights, in order to allow us to perform our work. The lights consisted of one poor petroleum lamp, filled with a poor supply of the Standard Oil products, and an old-fashioned lantern. Our patient was given ether, and placed upon our improvised table. Having covered ourselves with sterilized gowns, brought from the hospital, we proceeded upon our work.

Having practised the ordinary incision required in such a case, I came in contact at first with one solid mass of adhesions extending down to the bowel itself.

That, alone, was sufficient to exhaust ordinary patience, as it required literally one hour and ten minutes of our time to dissect out those countless adhesions to the best of my ability, and under the trying circumstances present. Having reached thus far, I located the appendix, or what had, at one time, been an appendix, which had now sloughed away to the extent that no use of the knife was required in taking it out. I relieved the abdomen of this source of putrefaction by taking it out with my fingers, in five pieces.

So far, so good, but we still had the worst to encounter. The bowel itself seemed to contain a source of unnatural contents, which to my eye did not appear as fæcal products. You may well conceive, gentleman, that the situation was a desperate one, and this is only using a mild term. Believing my diagnosis to be correct, and regardless of all theoretical points, I practised an opening into the bowel itself, which soon was relieved of an abundant amount of pus. The infected tissues, etc., taught me that this was the domain of putrefaction itself. Already three well defined perforations were distinctly visible, one near the location of the diseased appendix, another in the ascending, and still another in the descending, colon. Infection had found its way into the deeper tissues, so that it became necessary to make an opening in the back, which was done carefully, after having squeezed out the contents of the bowel, which was next closed with a few stitches of No. 1 catgut. There were no other stitches made anywhere, as I had decided on keeping the wound open.

Ample drainage was necessary. Having washed out the wound thoroughly with H.2 O.2 and saline solutions, I placed into it my umbrella sponge, and the drainage was established by means of a large rubber tube surrounded by six large string sponges. To prevent infection from making its way any deeper, loose gauze was put into the tube. The large sponges extended as far back as the cavity of the abdomen. As stated previously, a small opening was made opposite, into the back muscles; and into this latter opening I placed a small string sponge, and established drainage. The front, abdominal, wound was washed out very thoroughly each succeeding day with normal saline solutions; and one sponge was taken out about every day. The gauze was left to remain in the back opening for about seven days. After eight or nine days, all of the gauze having been gradually taken out of the larger wound, a small wick was left there to guarantee perfect drainage.

My operation over, I left for my home, and, as you may well imagine, in a rather pensive mood. Regular and daily telephonic messages were sent to me by my faithful nurse. I may add that she, also, had many adverse circumstances to encounter, one of the greatest obstacles being to keep the relatives at a constant and safe distance from the patient. But in spite of all the countless difficulties, the sick man appeared to gain ground from the first day following his operation, and this to such a degree that after three weeks he had practically recovered.

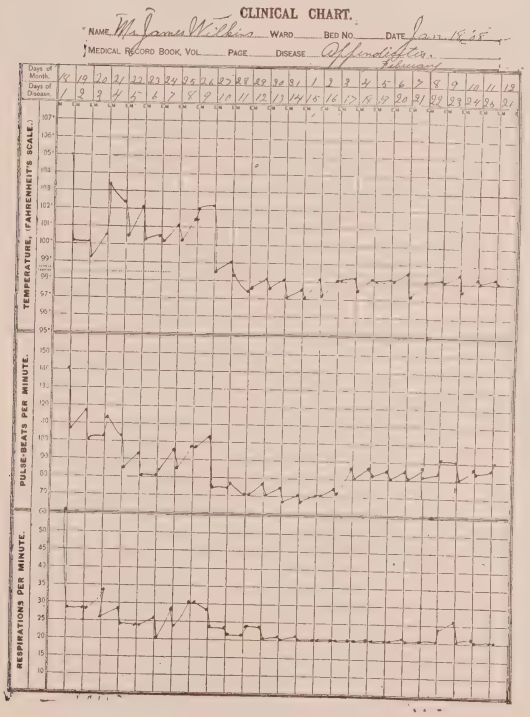
I know, and am glad to admit, that this is a most exceptional case, and that its recovery is still more exceptional. Undoubtedly our young man's age and strong constitution, otherwise unimpaired, were the two most potent factors in saving his life. Text-books will teach us that such cases stand no chance of ulimate recovery; but I have often heard country physicians and surgeons relate wonderful recoveries, which seemed contiguous to the line of the impossible. There is no doubt in my mind that Mother Nature will, at times, surprise the most skeptical practitioner; there is no doubt in my mind that unusual and exceptional occurrences will, at times, take place in connection with so-called hopeless cases. Such cases I have often met with in my country work. The symptoms present, the desperate surroundings, the unfortunate condition of affairs, would have led any practitioner to believe that death alone must ensue. How can

we account for recovery in such apparently hopeless cases? How may such patients eventually outlive so many untold difficulties? How can they successfully fight their own way? I must confess that I am at a loss to understand. Still, experience has taught me that such cases do really exist. In this particular one that I have tried to present many conditions existed, any one of which seemed fully capable of producing death without the shadow of any doubt.

I present, here, charts that will show our patient's gradual success in his fight for life. They plainly show the progress made until complete recovery was reached.

Gentlemen, I have now reached the end of my humble paper. I readily and freely admit that I was a poor subject to be called upon to interest such a brilliant reunion of professional men. As I stated at the beginning, my aptitudes for eloquence are indeed very poor. I therefore crave for your indulgence if I have allowed myself to take up too much of your time. I thank you heartily for your undivided attention and I also heartily grasp this opportunity to present my compliments and best wishes to the members who compose our progressive society, and especially to those who are present here tonight. Let us do our utmost towards promoting the interest of our young, but noble fraternity. Once more, gentlemen, allow me to thank you.

Brattleboro, Vermont.


CLINICAL CHART.
NAME James Wilkins WARD BED NO. DATE Jan 15 '08
MEDICAL RECORD BOOK, VOL. PAGE DISEASE Appendicitis
TEMPERATURE. (FAHRENHEIT'S SCALE.)
PULSE-BEATS PER MINUTE.
RESPIRATIONS PER MINUTE.

Name of patient, James Wilkins; civil state, single; race, American; age, seventeen; occupation, farmer; how long 10 years; sick 11 days; nativity, N. Londary; diagnosis septic peritonitis; discharged, Feb. 12; condition, recovered, well; attending physician, Dr. Galvin.

Jan. 18, 1908.—On Jan. 7, patient was taken vomiting, with pain in right side, which continued, gradually covering a greater part of abdomen and associated with constipation and nausea. This was followed by marked distention and pain on pressure; about the same amount of pain and tenderness in all parts of abdomen; delirium and low muttering; at first small movements, but no movement after Jan. 10. Previous to his illness, had been well; worked on farm most of time; had done some extra lifting before being taken sick, then noticed some pain in back and tenderness when lifting or moving about.

Temperature before operation, 105.2; respiration, 60; pulse about 140.

Operation near 11.30 o'clock, P. M.; ether first given, 10.50 P. M.; operation began about 11.15 P. M. to 11.30 P. M.; last stitch taken, 12.41 A. M.; ether discontinued.

Patient from operating room about 12.45; recovered from ether, 12.28; nauseated; vomited 4 drams; brown fluid at 2.30, 3, and 3.30; urine at 2, 6 ounces. Slept 10 minutes. Great thirst; water secretly taken, and immediately vomited.

Temperature fell from 105.2 to 100.2; pulse, from 132 to 112; respiration, from 30 to 28.

Medicine: Strych., 1-60 gr., shock, enema, saline infusion.

Jan. 19. Day Report.—Comfortable; great thirst, no water taken; some pain in abdomen. Rectal tube inserted for gas; no result. Enemata of molasses and milk, with excellent results. Patient then slept ½ hour. Lumps of constipated matter, according to nurse's idea, in return flow of first enema.

Temperature, 100.2 to 100.1; pulse, 108 to 102 to 118; respiration, 28 to 26 to 28.

Strych., 1-60 gr., at 11 and 5 o'clock; enemata.

Night Report.—Frequent liquid stools, until 12 o'clock. Slept at half-hour and hour intervals.

Temperature, 100.2, 99.2; pulse, 116, 100, 106; respiration, 30, 28.

Strych., 1-60 gr.

Food: Water in small quantities after 12 o'clock; tea, half an ounce.

Jan. 20. Day Report.—Comfortable dressing by Dr. Galvin. Irrigation of saline, two quarts. One drain removed, and very little distention. Calomel in ½ grain doses. Two liquid dejections; S. S. enema, good results.

Temperature, 99.2, 100.4; pulse, 100, 102; respiration, 28, 26.

Calomel, Mg. Sulph., Strych.

Tea, coffee.

Night Report.—Dressing, 7 P. M.; wound irrigated, 2 quarts saline. Scarcely any drainage. Patient comfortable until 10 o'clock, when he was uneasy. Small liquid dejections; S. S. enema, turpentine, at 12 o'clock, to flush out bowels; good results; gas expelled. Tendency to cough.

Temperature, 101, 103.2; pulse, 100; respiration, 28.

Strych., at 11 and 5 o'clock.

Malted milk, coffee, tea.

Jan. 21. Day Report.—Small liquid dejections. Epistaxis at 1 P. M. Blood, 2 ounces, left nostril only. Good enema results; gas expelled. Dressing in A. M. Scarcely any drainage left, save one in abdominal cavity. Drain removed; no odor. Dressing in P. M., irrigation.

Temperature, 103.3, 102.3; pulse, 112, 102; respiration, 34, 28.

Coffee, beef juice, broth.

Night Report.—Slept fairly well. Comfortable this morning. Ice cap to abdomen.

Temperature, 102.2, 101.3; pulse, 98, 84; respiration, 26, 30, 28.

Strych., 11 and 5 o'clock.

Malted milk, oyster liquid.

Jan. 22. Day Report.—S. S. enema, 11.30; very good results; some gas. Dressing in A. M. by Dr. Galvin. Small pus pocket of recent formation detected; whole well irrigated. Dressing removed at 3 P. M.; pus oozed; irrigation was continued, however.

Temperature, 100.6, 102; pulse, 84, 92; respiration, 24, 26, 24.

Strych., at 11 and 5 o'clock.

Coffee, egg, orange, tea.

Night Report.—Dressing in P. M. Less pus, and less odor. Same irrigation, which returned. Slept 6 hours in all. Large Semi-liquid dejections at 2:30. Slept now and on for 3 hours. Very comfortable in morning.

Temperature, 102, 100; pulse 92, 34; respiration, 26, 24.

Strych., at 11 and 5.

Egg, tea, orange, coffee.

Jan. 23. Day Report.—Dressing in A. M. Little pus oozed. One drain removed. Some pus collected on end of drain, but no pus odor, or very little. No faecal matter. Wound irrigated. S. S. saline with very good results. Dressing in P. M. No pus; still irrigated.

Temperature, 100.2, 100.3; pulse, 80, 84, 80; respiration, 26, 24, 26.

Strych., at 11 and 5.

Orange, coffee.

Night Report.—Bad night; still, slept from 9 to 11.30 P. M. Giddy and sickness in stomach at 12.30. This went away at 12.30. Pain in abdomen near incision. Small semi-liquid dejection at 2.30. Slept from 3 to 4.45. After, slept for five-minute intervals to 5 o'clock.

Temperature, 101.2; 100. 2; pulse, 92, 86; respiration, 30, 24.

Strych., 11 and 5 o'clock.

Jan. 24. Day Report.—Dressing in morning by doctor, same as usual. Little pus near wick. Irrigation of abdomen as usual. Slight soreness, left side, near left side of crest of illumn. S. S. enema, excellent results. Dressing at 2.30. All drainage removed. Some pain in back of head and near incision.

Temperature, 100.1; pulse, 82, 88, 82, 96; respiration, 20, 28.

Strych., 11 and 5 o'clock.

Egg, tea, orange.

Night Report.—Dressing at 9 P. M. Wound clear. Pains about incision and back aches. Slept for intervals of four hours. Complained of pain and moved about as much as he could.

Temperature, 101, 100.3, 101; pulse, 94, 90 96; respiration, 26, 24.

Strych., 11 and 5 o'clock.

Egg, coffee.

Jan. 26. Day Report.—Dressing in A. M. Little drainage, fluid clear, and irrigation; flow clear. Some swelling. Soreness not so bad. S. S. enema at 12 M., good results all around.

Temperature, 102, 102.2, 100.4, 102; pulse, 98, 104, 100, 102; respiration.

Strych., 11 o'clock.

Egg, orange, cocoa.

Night Report.—Dressing at 7 P. M. Wound clear. Good irrigation. Less soreness, less distention around the incision. Patient slept well untill 6.20 when he awoke for his treatment.

Temperature, 101, 99; pulse, 98, 80; respiration, 28, 24.

Strych., 11 and 6 o'clock.

Orange, egg, coffee.

Jan. 27. Report.—Dressing about 7 P. M. Not much drainage. New wick inserted. Complete irrigations as before. Good sleep from midnight to 6.30 A. M.

Temperature, 98, 99, 97; pulse, 78, 80, 70; respiration, 22, 26, 22.

Styrych., 11 and 6 o'clock.

Orange, milk, etc.

Jan. 29. Day Report.--S. S. enema; excellent results fecal matter semi-solid. Dressing in A. M. Little drainage. Wicks removed.

Temperature, 97.4, 98; pulse, 70, 78; respiration, 24, 22, 24.

Strych., 11 and 5 o'clock.

Milk and liquid calcis, custard, raw egg, orange, milk.

Night Report.—Dressing at 7 P. M. Ordinary irrigation. Very little pus.

Temperature, 98, 96.4; pulse, 78, 70; respiration, 24, 20.

Strych., 11 o'clock.

Egg-nog, milk, cereal, coffee.

Jan. 30. Day Report.—S. S. enema; excellent results. Dressing in A. M. Scarcely any drainage. New wick; little drainage. New complete irrigation as usual.

Temperature, 97.3, 97, 98; pulse, 70, 78, 76; respiration, 20, 24, 22.

Strych., 11 and 5 o'clock.

Custard, egg on toast, oyster broth.

Night Report.—Dressing at 7 P. M. New wick. Cavity well washed. Less drainage. New wick under sutures; some drainage. Complete irrigation as before.

Temperature, 98, 97; pulse, 72, 64; respiration, 22, 20.

Strych., at 6 o'clock.

Milk, light diet.

Jan. 31. Day Report.—Dressing at 7 A. M. Good irrigation as usual. Wick removed.

Temperature, 97, 97.4; pulse, 68, 70; respiration, 30, 22.
Strych., 6 o'clock.
Milk, light diet.

Night Report.—Dressing at 7 P. M. Full irrigation as heretofore. Wicks removed. Slept well all night.

Temperature, 96.4; pulse, 70; respiration, 20.
Strych., 6 o'clock.
Light diet.

Feb. 1. Day Report.—S. S. enema; excellent results; faecal matter, semiformed. Dressing this A. M. Usual complete saline irrigation. This was renewed; but little drainage.

Temperature; 97, 98, pulse, 68, 70; respriation, 20.
Strych., 11 and 5 o'clock.
Light diet.

Night Report.—Dressing this P. M. Wicks removed. Good irrigation. Slept well. Urine voided.

Temperature, 98, 97; pulse, 70, 68; respiration, 20, 18.
Strych., at 6 o'clock.
Milk.

Feb. 2. Day Report.—S. S. enema; excellent results. Dressing in A. M. Same irrigation. Wicks removed.

Temperature, 97.1, 98.2; pulse, 70, 74; respiration, 20.
Strych., 11 and 5 o'clock.
Light house diet.

Night Report.—Dressing, 7 P. M. New wicks. Irrigation. Slept well. No urine outside of 2 ounces received.

Temperature, 98.2, 97.4; pulse, 74, 70; respiration, 20.
Strych., 6 o'clock.
Milk.

Feb. 3. Day Report.—S.S. enema; excellent results. Dressing, 11 A. M. Wicks removed. Very little drainage of pus. Sutures nearly closed. No drainage. Full usual irrigation.

Temperature, 98, 98.2; pulse, 72, 88; respiration, 20.
Strych., 11 and 5 o'clock.
Light house diet.

Night Report.—Dressing at 7 P. M. Wicks removed. Irrigation. Slept well.

Temperature, 98.7, 93.1; pulse, 80; respiration, 20.
Strych., 6 o'clock.
Milk.

Feb. 4. Day Report.—Dressing in evening. Same irrigation. Wicks removed. Slept well.

Temperature, 97.4, 98; respiration, 20.
Strych., 6 o'clock.
Milk.

Feb .5. Day Report.—S. S. enema; very good results. Dressing in A. M. Irrigation; wound nicely healing.

Temperature, 98; pulse, 82, 84; respiration, 20.
Strych., 11 and 5 o'clock.
Light house diet.

Night Report—Dressing in P. M. Wicks removed. Saline irrigation. Slept well.

Temperature, 98, 96.4; pulse, 84, 78; respiration, 20.
Strych., 6 o'clock.
Milk.

Feb. 6. Day Report.—Dressing A. M. Wicks removed. Irrigation as heretofore. S. S. enema; of excellent results.

Temperature, 98,98.4; pulse, 80; respiration, 20.
Strych., 11 and 5 o'clock.
Light house diet.

Night Report.—Dressing, 7 P. M. Wicks removed. Irrigations. Slept well.

Temperature, 98, 97, pulse, 80; respiration, 20.
Strych., 6 o'clock.
Milk.

Feb. 7. Day Report.—Dressing at 7 P. M. Wicks removed. Irrigation. Slept well. Urine voided, as many times already.

Temperature, 98, 97.4; pulse, 88, 80; respiration, 20.
Strych., 6 o'clock.
Milk.

Feb. 8. Day Report.—Dressing 7 P. M. Irrigation. Wick removed. Slept well.

Temperature, 98; pnlse, 82; respiration, 20.
Strych.
Light diet.

Night Report.—Dressing. Irrigation; good results. Patient has trouble in stomach after eating.

Temperature, 93, 98.4; pulse, 92, 110, 90; respiration, 24, 26.
Strych.
Light diet.

Feb. 9. Night Report.—Dressing at 7 P. M. Slept well.

Temperature, 97.4; pulse, 80; resperation, 20.
Strych., at 6.
Milk.

Feb. 10. Day Report.—Dressing A. M. Irrigation. S. S. enema. Same results. Sat up one half hour.

Temperature, 97, 98; pulse, 80, 88; respiration, 20, 22, 20.
Strych., at 11 and 5 o'clock.
Mag., Sulph.
Light house diet.

Night Report.—Dressing P. M. Bowel well evacuated. Slept well. Urine in stools.

Temperature, 98.3, 97.4; pulse, 88, 80; respiration, 22, 20.
Strych.
Milk.

Feb. 11. Day Report.—Dressing A. M. Irrigation. Sat up two hours.

Temperature, 98; pulse, 88, 84.
Respiration, 20.
Strych.
Light Diet.
Night Report.—Dressing P. M. Slept Well.
Temperature, 97.4; pulse, 80; respiration, 20.
Strych. at 6 o'clock.
Milk.

Feb. 12. Day Report.—Dressing. S. S. enema; very fine. results. Patient thoroughly comfortable.

Temperature, 98; pulse, 90; respiration, 20.
Strych., at 11 o'clock.
Light house diet.

JAMES WILKINS, Case.

The ALUMNI-TRIANGLE

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Vol. 4 **January, 1909** **No. 4**

Editorial

Practical Value of Studies in Immunity

Since the great researches of Metschnikoff elucidating the phagocytic theory of immunity, and Ehrlich on the other hand presenting the lateral chain theory of immunity we have witnessed a great change in some of the treatment of infectious disease which is only a forerunner of the great evolution which will gradually but surely take place in the next decade.

Metschnikoff holds that the phagocytic action of the leucocytes and other cells of the body is the cardinal process in immunity. He gives many good illustrations and comparative studies of the action of phagocytic cells beginning with unicellular bodies like the amoeba and gradually in a most interesting manner brings his studies and experiments to man. Although very interesting his experiments have not proven that the degenerating leucocytes contain the enzymes which later form the so-called fermentator, or as is commonly expressed, the lysin. There is so much of value to delve into and work upon in the theory of immunity as presented to us by Metschnikoff that it is with great reluctance we lay it aside as inadequate to answer all the phenomena seen in infectious diseases.

Ehrlich on the other hand contends that the cells of the various tissues have more to do with the production of the anti-bodies. Each cell having a number of small protoplasmic projections through which it receives proteid material from the body fluids, he calls these bodies receptors. The toxic body thrown off by the organism and known as the toxophore has an affinity for the cell receptors and fit upon them thereby closing off the means of livelihood of the cell. When enough toxophores have been attached to the cell receptors to entirely cut off the interchange of substances between the cell and the body fluids the cell is said to be poisoned. If there are not enough toxophores in the blood stream to poison the cell, a stimilus is given to the cell by the combination of a few toxophores to the receptor, and a great number of receptors are produced by the cell, some of which are thrown into the blood stream and constitute the so-called anti-bodies or anti-toxins. In like manner the cells produce intermediary bodies, bacteriolysins. This theory answers nearly all conditions ordinarily met with in the study of immunity, and in a great number of cases works out beautifully.

There is no reason why and no doubt that the process set forth in both theories participate in immunizing and guarding the body from infection. The leucocytes attacking and fighting the organisms themselves while the cells of the various tissues antagonize the end products or toxins liberated by the organisms. As each point is gained in studying immunity, it seems to have some practical application, and even now patients are being treated with anti-bodies, immune sera, and vaccines with much greater and more satisfactory results than with the old method of treatment, and as fact after fact is obtained it will be applied practically, and serum-therapy will eventually replace the present form of therapeutics.

Why Some Physicians Succeed

We are often struck by the wonderful success of some individual in the practice of medicine. Do we as often stop to analyze the situation and endeavor to find out what produces such a condition in his particular case? We hear someone say that his neighbor, whom he personally knows to be limited in capacity, in information and in preparation, enjoys a large part of the work of his profession in that special community. There must be a reason for this, and perhaps it is as frequently as anything else the personal equation that enters largely into the matter. There is a decision, a firmness, a kindness and an attentiveness, interest that other men do not show in their work. We think it is the rule rather than the exception that a patient would rather have a doctor who is personally interested in him, who knew comparatively little, than one who had the reputation of knowing it all and regarded the patient as he would a piece of furniture. If we are not mistaken, the time for planting this interest in each individual case dates back to the time when men are doing their hospital and clinical work. They should pay attention to every detail and every requirement of any case that is of sufficient importance to come under their observation and care. They should learn personally to

be able to do any and everything that could contribute to the comfort as well as to the recovery of the individual case, for the simple reason that they cannot teach others to do that which they have not themselves already learned. It is positively painful to see bright, well-educated, well-informed physicians who have obtained sufficient information to secure good hospital appointments drift hopelessly and aimlessly through their service, apparently having in view only the acquisition of a hospital diploma. Indeed it is almost certain that we can predicate what will be the future of those whom we have seen in the preformance of their hospital and dispensary work. What is true of the younger members of the profession is still more true after some years of practice. If they are slipshod, careless, indifferent, inattentive, they cannot expect to hold, much less to engage a large clientele, and if some of our brethren who take every opportunity to proclaim their fitness for the practice of their profession and the inability get to sufficient work to keep their body and soul together would practice a little introspection and a little more reformation, if not too late, they would find conditions changing. In medicine, as in everything else, the survival of the fittest is apt to be the rule.—*Post-Graduate.*

Lack of Interest

A journal like the ALUMNI-TRIANGLE which reaches as many men in so many parts of this and other countries should have at all times enough material in the form of clinical reports—original articles—and editorials to keep its pages full of the best of medical literature.

The many diseases prevalent in one part of the country which are rarely, if ever, seen in other sections, should be reported. We all know of the diseases most prevalent in our communities and neighboring states, but as our work grows and our time is constantly being taken up with the things around us we need to be reminded of the conditions prevailing in other sections.

A great lack of interest along this line has been shown by the various members of the Alumni Association. Letters are often received telling of interesting cases which will be written up and sent in for publication, and so far as the journal end is concerned never materialize. Again we will receive a letter with a promise to locate and give some data of the members of the association in this or that state, and in all but a few instances the promises have been either forgotten or neglected.

We are trying to give you a good journal every month, but to do so we must receive a certain amount of support from the men outside of and away from the College. To continually give nothing but the College news would make a very dry and uninteresting journal.

Never too Late to Mend

While it is true that the majority of any body should rule, yet it cannot be denied that often the majority have the wrong opinion or else lack that extra energy which is required to move the mass where they do have the right side of the question.

It is not our intention to declare that the students of B. M. C. are not capable of judging for themselves what they want, yet we do say that they do not support those few who do start out to achieve something of benefit to the whole College. Just what is the cause of this lack of interest it is hard to say. Of course, we cannot expect the same amount of college spirit in a professional college as in a classical institution, chiefly or account of lack of time, but it does seem strange that when a few men offer to sacrifice their time for the benefit of the institution that they should not receive more substantial support than did the management and editors of the Year-Book.

Perhaps Dr. Linthicum explained the lack of support when he suggested the cause of the fellows being so intent upon eating peanuts during lectures. He said it must be due to the fact that every time a fellow cracked one he saw something he had never seen before. This seems to be characteristic of our race, to always be searching for some hidden secret. While this trait is certainly commendatory, yet we should not be so intent upon our work that we do not recognize the truth when we do find it. Some were able to see wherein a class annual would be well worth the price; others were looking farther to see what scheme might have been concocted whereby the staff could defraud them out of a dollar. They were perfectly willing that some one else should shoulder all the responsibility, do all the work and advance all the money; then if the book pleased why! yes, they would take one; if it did not then they would have drawn back into their shell of selfishness and laughingly congratulate themselves upon not having been "stung" this time. But how about the three or four who shouldered the responsibility?

O, well; as for them, they will soon make up their loss. It is only another case of the public-spirited fellow having the public forget him and what he has done.

Some say opportunity knocks at a man's door but once. Others hold that chances are always presenting themselves, but that too often the one who could not recognize his first chance will not be able to comprehend those following.

It is to be regretted that the fellows have not done more for the annual. It may be, however, that it is not entirely too late to accomplish something, even though on a smaller scale.

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PERSONALS

Dr. C. V. Latimer, '07, of Masonville, N. Y, was married to Miss Mable L. Green of Sandy Hill, August 21, '08.

Dr. J. L. Bolt, of the class of 1895, was, at the December meeting, elected president of the Pickens County (S. C.) Medical Society.

Dr. Ira Ulman, class of 1906, has his office at No. 213 West 147th Street, New York. The Doctor is enjoying good health and an excellent practice.

At the last regular meeting of the fifth district branch of the N. Y. State Medical Society, Dr. F. E. Fox, '01, was elected to the office of vice-president. Dr. Fox is located at Fulton, N. Y.

Dr. H. W. Talbott, class of '06, is practicing at Deposit, New York. He is situated in a rich farming and fancy-stock-raising district; among which pursuits he is perfectly at home. Dr. Talbott has taken most of the practice of his preceptor, who has retired.

Dr. W. D. Wright who has a large and lucrative practice at Langley, Aiken Co., S. C., was, at our last election, chosen a member of the House of Representatives from his county. Dr. Wright was a member of the class of 1894, and will be remembered by his class and the faculty as being "All Wright."

Dr. G. Briggs, class 1906, of Bedford Station, New York, came through Baltimore on December 29, '08, on his way to Waldorf, Charles County, Md., to claim the hand of Miss Sue S. Monroe, of that town. Dr. Briggs became acquainted with Miss Monroe while studying in Baltimore; and, as always happens to a man when he meets one of Maryland's daughters, the friendship ripened into another victory for Dan Cupid.

Dr. L. N. Day, class of 1898, made a visit to Baltimore lately, and stopped in at the College to see how things looked. He expressed much surprise and gratification at the great changes and strides which the School has made in the last two years.

Since leaving school, Dr. Day has been interne at the University of Minnesota for five years and now has a home and practice in Minneapolis, Minnesota. He has been spending some time in New York, taking post-graduate work in diseases of nose and throat, subjects of which he intends making a specialty. Shortly after leaving school, Doctor Day joined the ranks of the benedicts and now has three bright strong boys, whom he intends rearing in medicine.

Dr. T. M. Wertz, class of '03, culminated a rather interesting romance at Hagerstown, Md., when he eloped with Miss Jane Price Gaines, daughter of Dr. J. M. Gaines, of that town. on December 10, 1908. The ceremony was performed by Dr. Humphreys at the Rectory of St. Peter's Church, at Baltimore. They will spend some time at Philadelphia and New York and will then return to Hagerstown and occupy a suite at the Hamilton Hotel. Dr. Wertz graduated at Dickinson College in 1899, and at the Baltimore Medical College in 1903. He spent the summer of 1907 in post-graduate work at the University of Pennsylvania, and then settled to practice at 117 North Potomac Street, Hagerstown, Md. He is now doing remarkably well, is making a specialty of electrotherapeutics and X-ray work, and has been appointed physician to the Belleview Asyium at Hagerstown.

The local paper of Salem, W. Va., has has the following commendatory notice in a recent issue:

"Dr. Frank V. Langfitt has opened offices for the practice of the profession of medicine in the First National Bank Building, and this paper takes pleasure in welcoming him to the city.

"Mr. Langfitt is a native of Doddrige county, having been born and reared at Morgansville. He secured his education at Salem College, the Wesleyan College of West Virginia at Buckhannon, and the State University at Morgantown, and entered the Baltimore Medical College in the fall of 1903, graduating with high honors in the spring of 1907 with the degree of M. D. Dr. Langfitt then received an appointment as second assistant resident physician on the house staff of the Maryland General Hospital in Baltimore, where he served a year with credit. He then returned to West Virginia and did relief work at Meadowbrook and Mt. Clare during the winter.

"His training and experience in the science of medicine are all that could be desired of the most skilled practitioner, and the professional circles of the community are fortunate in having Dr. Langfitt in their midst. He is an affable gentleman and has a bright future before him."

The announcement of the resignations January 1, 1909, of Robert W. Johnson M. D., as professor of principles and practice of surgery, and William E. Moseley, M. D., as professor of diseases of women, at the Baltimore Medical College, was received with no little surprise by the students. Both of these men have been connected with the faculty for several years and are to be commended for the able manner in which they have filled their chairs.

Dr. Johnson is a native of Baltimore County, Md. He is an alummus of Princeton College ('76), where he received the degree of A. B., and of the University of Pennsylvania ('79). For seventeen years he has been a member of the faculty of the College. His time will be given up to the practice of his specialty.

Dr. Moseley has been a member of the faculty for twelve years. He was born in Massachusetts and educated at Antioch College and Harvard University. He located in Baltimore in 1874, and now conducts a private sanatorium in this city for the treatment of gynecological and abstetrical cases.

Dr. Ridgely B. Warfield, who will succeed Dr. Johnson, is a graduate of the University of Maryland, class of 1884, and has been a member of the faculty since 1895 as associate professor of anatomy. Dr. Moseley will be succeeded by William B. Perry, M. D.

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THINGS MEDICAL

Shakespeare Up-To-Date

H. C. KINCAID, '10.

To dose, or not to dose, that is the question:
Whether 'tis better to let the patient suffer
The tortures of a dozen dread diseases,
Or to give drugs against their various troubles,
And thus forever end them? To drug—to dose—
No more—or by a drug, forever end
The headache, stomach ache, and all complaints
That flesh is heir to—'tis a consummation
Devoutly to be wished, to drug, to dose,
To pass them into heaven—aye, there's the rub!
The fact that buried patients cannot pay
Our bills for shuffling off this mortal coil
Must give us pain—for ours is the profession
That maketh capital of so long life.
For who would bear the miseries of gout,
The rheumatism, toothache, or the colic,
The awful pangs of a despised appendix,
The yellow tint of jaundice, and the pains
That patients of our rival doctors feel,
When he might his quietus pleasant make
With our assistance? Who would take advice
From an Electic or a Homeopath
But that the dread of finding out the truth—
An undiscovered something—save, of course,
In Allopathic schools—puzzles the will,
And makes him rather take a sugar pill
Than remedies that science has ordained.
Thus does his palate make a man a fool.

⚜

Senior Brooks left for Philadelphia Sunday, A. M. Philadelphia has its attractions.

The Seniors are known now by their numbers, which were assigned them by "Uncle Davy" on their return from the holiday vacation.

These numbers will not be obliterated from memory as easily as were the ones given them at the beginning of the fall term, assigning them to their special seats in the lecture hall.

Coming down the street, I heard one jocular Senior accost his friend: "Hello! number fifty-four!" to which the reply was short but full of meaning, "Glad to meet you, number forty-five."

Number one hundred is a modest individual and answers to his number with an apology, while number twenty-eight is seldom seen in the open—probably because he is busy with "Andrews."

Many are the speculations as to why each student received the special number meted out to him. Some say Uncle Davy shuffled the deck and dealt the cards from the bottom; but most of us are satisfied that it was a square deal.

The indications are fair for improvement; for while the peanut galleries at the local show houses have their usual patronage of Underclassmen, Seniors are shy.

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Arecibo City, P. R., Dec. 30, '08.

Dr. F. V. Beitler,
Baltimore, Md.

Dear Dr. Beitler:

I received your letter of Nov. 12, in due time, and would have answered sooner had it not been on account of the work I had on hand at the time; however, "better late than never."

THE TRIANGLE has been coming regularly now, and I thank you for the diligence you took in looking into the matter.

It was indeed with sorrow that I read the unexpected notice of the death of my good friend, the late Wm. J. Fagan, and I extend my most sincere sympathies to his bereaved family and college-mates.

Allow me to say that on the 6th of last Oct. I underwent my "State-Board Exams." and obtained the highest average amongst eight applicants: 98.6-10 per cent.

On the 10th inst., I was appointed "Inspector of Health and Charities" of the city Rio-Grande, and I wish THE TRIANGLE be sent to this new address hereafter until further notice.

Dr. E. Canino, '05, has been put at the head of "The Porto Rico Station for the Cure of Uncinariasis, in Aibonito City.

Wishing you all a happy New-Year, I remain,

Yours Fraternally,
Dr. LUIS C. BONETA.

December 29, 1908.

Dr. Frederic V. Beitler,
Halethorpe, Md.

Dear Doctor:

Received a copy of the ALUMNI-TRIANGLE a few days ago and was delighted to get it. Certainly it gave me much pleasure to read the pages and learn the moves of many of the fellows. Many thanks to the one who is responsible for mailing it to me. I persume it is you whom I am thanking, is it not?

Now, Beitler, I want to subscribe to the journal regularly; so if you are the one who looks after that end, please remember me and let me know when the money is due.

The Northwest is fine, Beitler, and the doctors are emigrating here fast. Shall see you all in the spring if nothing prevents, and then will tell you all about the country out here.

Trusting you are well and busy, I remain, with best wishes,

Fraternally yours,
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THINGS DENTAL

Uncle Sam's Long and Broad Flag

ALEX. DE MARCONAY, '09.

Met a feller t'other mornin'—
  Most amusin' sort o'cuss;
Had a cur'ous style about him,
  Cert'nly couldn't well be wuss.
I says: "Where you hail f'm, pardner?"
  An' he smiled in a knowin' way,
An' replied in foreign lingo:
  "*Porto Rico, U. S. A.*

Seen a feller down on Broadway,
  With a shockin' head of hair,
An' a lot o'tropic garments,
  An' a most outlandish air.
"Whar's he frum?" a feller shouted;
  An' before we'd time to say,
This yere heathen turned an' ans'red:
  "*Honeyluler, U. S. A.*"

Met a feller here on Sansome,
  With a somber-e-ro on;
Had a lot o'shaggy whiskers:
  Nearly all his clothes wuz gone:
Stopped an' ast me fur a qua'ter;
  Said: "My home is fur away."
"Whurs you frum?" the varmint ans'red:
  "*Santiago, U. S. A.*"

Seen a feller down the Astor,
  With a heavy iron box;
Overcoat was lined with bearskin,
  Wore a dozen pair of sox.
Sized him up to be er miner,
  Judgin' by his awkward way;
Seen him write in big char-ac-ters:
  "*Circle City, U. S. A.*"

Seen a saddle-colored heathen,
  Wearin' earrings in his nose,
Linen cuffs around his ankles,
  Most indecent lack o'clothes.
"Where'd this heathen guy here spring frum?"
  I inquired in lofty way,
An' he had the nerve to ans'er:
  "*From Manila, U. S. A.*"

"Hully Gee, I never heard of
  These yere cannibals before.
Air these heatheners all voters?
  Will we stan' fur enny more?
When nex' you ask a fellor
  Whur he's frum, he's bound to say,
With a lordly kind o'flourish:
  "*All Creation, U. S. A.*"

Song of the Year-Book Staff

How dear to our hearts is the old silver dollar,
When some kind subscriber presents one to view—
The liberty head, without necktie or collar,
And all the strange sights which to us seem so new!

The wide-spreading eagle, the arrows below it,
The emblem and words, with the strange things they tell—
O! coin of our fathers, we're glad that we know it!
For, some time or other, t'will come in right well.

Dental Ball

The Alumni and students of the Dental Department intend to liven up the social side of the course in the form of a dance to be held in Lehmann's Hall, February 8.

There is no reason why this should not be as great a success, as has ever been achieved in our College. Classes of former years have enjoyed such occasions and we often hear the Alumni speak with pride of the first dance given by the Dental side, as being a brilliant triumph. Just why the students have not annually enjoyed some social gathering of this character we cannot say, but now that the scheme is started it promises to be well supported by the Alumni, and all three classes, and it may be that some of the "medics" will be there to enjoy the evening with us.

The committees representing the Alumni and each class are doing their utmost, and it is now the duty of each individual to sanction their efforts by loyally supporting them.

Passed the Rhode Island State Board

THE TRIANGLE takes pleasure in mentioning the results of the Rhode Island State Board examination taken by three members of the Senior Class. Since we can extend hearty congratulations to

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Messrs. W. H. Des Forges, F. A. Heffermann, and E. F. Gill. Des Forges and Heffermann passed both theory and practical work, and and have received certificates entitling them to practice denistry in the State of Rhode Island. Mr. Gill passed the theory. This certainly speaks well for both B. M. C. and the fellows.

⚜

Sensitive Dentine

In an article written by C. F. Kabell, D. D. S., the cause of sensitive dentine is accounted for in the following way: He argues that the dental tubuli by the very minuteness of their size must have very strong capillary attraction, therefore, are necessarily filled with liquid, be it serum, nerve fluid, lymph, or plain water. In a healthy tooth these tubules will be entire, but through decay or operative measures, the exposed openings of the tubuli are subject to atmospheric pressure, evaporation and the affinity of acids and alkali for water.

If a capillary tube that has the capillary force to lift water ten feet is broken to the length of six inches, the water in this six-inch tube will not run out of the opening. but will sink a trifle in the tube on account of atmospheric pressure. The same thing will happen in the dental tubes when cut by the drill; the volume of liquid in the cut tubuli will sink and exert pressure on the protoplasm of the odontoblast which penetrates thread-like into the other end of the tubuli. This sudden shock is transmitted as pain by the nerve fibrils which are supplied to the odontoblast.

⚜

Why?

Why is it that the other fellow always knows just what crack ed you facing?

Why is it that inanimate things develop locomotion in the laboratory?

Why didn't Dr. Linthicum tell the Freshmen that he intended to call the roll last Thursday?

Why is it that everyone knows the Freshmen since they began to dissect?

Why do the seniors say the laboratory is too large? (Ask Dr. Edgerton.)

Why didn't we all get a new locker?

Why is a dental student?

⚜

Dan'l not having received the usual "tip" after delivering a message to Dr. Marden: "Say, Doctor, you didn't tell me nuthin'."

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THINGS LEGAL

Our Dance

To the strains of dreamy music, faculty, alumni, seniors, intermediates, juniors and friends of the Baltimore Law School engaged in a "whirlly whirlly," given by the students on the eve of December 28, and it is needless to state that the "joy was unconfined" until the early hours of the morning.

That the dance was a complete success, was due to the unflagging and untiring energies of the committee who voluntarily undertook what appeared to be a hopeless and impossible task in such a short space of time. However, the spirit of "get there," which is one of the attributes of the B. L. S. boys, demonstrated itself on this occasion, as proven by the result of their work. All enjoyed themselves, and already enquiries are being made of the committee when they intend to duplicate the affair.

Master of ceremonies, H. G. Sutton, Esq., assisted by Messrs. Broening, and Metzger, were busy during the entire evening, and in such able hands success was a certainty. To our friend, Overcash, was given the duty of press committee and his work will go down in history. J. U. Dennis, Esq., artfully engaged the attention of the ladies and many of those present thought that there was a possibility of his capitulating to the charms of some of those present.

Be Democratic

It is to be regretted that the wedge which inevitably divides the mass into classes has been permitted to enter into our hitherto democratic institution.

There is no doubt but what the promoters of the Blackstone (or as some have termed it the Blackhand) Club were prompted, in their endeavors, by the highest possible motives. However, secret signs, secret work, and secret organizations are usually the seeds for the outgrowth of clanishness with the consequential result of "some few as against the many." In other words, the slogan "of our tribe" brings up the past form of constituted society which, in the struggle for existence of by-gone ages was of an absolute necessity for the purpose of meeting the attacks and onslaughts of the neighboring savage tribes.

To-day we live in a different atmosphere and it cannot be denied, even by the most ardent enthusiasts of secre orders, that the tribal system has outlived its usefulness. It, therefore, behooves us in our present form of society to encourage democratic co-operation in all its ramifications, and to look with disfavor on any attempt, no matter what the objects may be, to place in the power of any man or body of men the power to divide the mass into classes. This is the objection to the Blackstone Club as at present constituted. The gentlemen who comprise this august body now place themselves in position that the members of this school shall only be permitted to become members of their order after they have passed upon the applicants merits or demerits, forgetting that the slogan of those who have already passed through its portals has been, "We know no juniors intermediates or seniors"—all are entitled to the same privileges and special privileges to none. If it is a privilege to become a member of the

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Blackstone, and such privilege is only granted to those favorably considererd by the Blackstone after sitting in judgment, then it is the duty to kill any attempt to foster "special privilege."

This tribal system must be killed in its inception, for in this twentieth century the world is but one huge dwelling place and the space between particular points of the globe are now being rapidly brought in closer touch and relationship with each other through our modern inventions, which, notwithstanding its apparent prefection, is, we are informed, only in its infancy.

The officers of the Blackstone are all estimable gentlemen and have endeavored to explain what is termed by them, an erroneous impression, but the spirit of the age has permeated the majority of thinking people and any attempt to introduce systems which must of a necessity divide those of a community or nation, can only be viewed with suspicion and disfavor. The system as we have mentioned will no doubt sow the seeds of its own destruction.

Echoes of the Dance

Promptly at 8 o'clock, the master of ceremonies, H. G. Sutton, and assistants, W. F. Broening and I. H. Metzger, were on the scene to see that every detail had been carried out. Edwin L. and Uncle Will also arrived early, reluctantly leaving their wives to come later. Overcash was also very much in evidence, asking everyone his name for the big (?) to appear in the morning papers. Frank M., our married Senior, was also there with his wife. Our friend Bailey, regardless of ex penses, took his girl home in an auto. Joseph and "Nell" were entirely satisfied with themselves, or it would appear that they were, as no one could manage to receive an introduction to the lady. McDermott and Joseph are much alike in some respects—rather selfish—or else aware of the lack of personal charms.

Jimmy Dennis was the star performer of the evening, not only on the floor, but with the girls. Jackson, Metzger, Bartholomew and a few others learned a lesson to take a lady or else not expect one at all.

After the tenth, the company retired to the library where an abundance of refreshments were provided. Ed. poured the coffee and Uncle Will acted the role of water boy.

The party broke up at 2 A. M. All declared it a great success. Plans are being made to give another dance February 22.

Squibs

Again, boys, "Equity was easy."

Washington's birthday will see something doing.

What are the Juniors doing? Will they never be heard from?

Overcash must surely feel the loss of his "final study seat."

McDermott is always ready to receive the "almighty dollar."

Will some one influence the faculty to order a bushel or so of peanuts.

The Blackhand Club is to take its place in opposition to the Blackstone.

The faculty will very soon do the honors. What are the boys doing about it?

Joseph, being in trouble a few days ago, gave the signal and Herr Broening rushed to his rescue.

Don't subscribe to THE TRIANGLE. The editor is a millionaire. Free copies can be had by paying for them.

About the time this issue goes to press, the result of the examinations should be made known to those interested.

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PROBES

Korns and Custer are passing cards to the alley population, bearing these words: "Storks to let, any color." They are capable of "delivering" the goods.

Dr. Merrick: "Gentlemen, always instruct your patients not to blow their nose after operation. I had a patient this A. M.; and I just turned around, when he hauled off and blew a fearful blast; but fortunately he recovered." (Loud applause.)

Wanted.—New proprietor for "Finnegan's Flats," 930 McCulloh St. Applicant must appear in person and demonstrate his abilities to wash dishes and cook. Must be from the 1912 class and be congenial and industrious.

Marshall, '11, by untiring application of time to his studies, has gained for himself the sobriquet of "Ginger."

Neubauer, '11, who was operated on for appendicitis recently, is again able to "move" (residence.)

Quinn, '11, is now wearing glasses The cause seems "Strange" from Annapolis. A true case of losing your best "eye" (s).

Diamond, '10, is very anxious in regard to his eyesight. He has striking symtoms of the approach of total blindness. Perhaps a microscope would help him to see the hydrogen sulphide gas in a test tube.

Dr. Smith: How would you make a hollow post for the pin of a Richmond crown?

Bright Junior: "I would turn a piece of wire inside out."

Shaw, '10, is positive in his convictions that B. M. C. will never be complete until the students have the benefit of Turkish baths.

Moore's classmates are wondering where he is attending college of late. Some think he may be taking a post-graduate course at Johns Hopkins.

Leonard to Senior: "Have you an Ivory separator?"

(Upon examination of the instrument): "Why that isn't ivory; that's nickel."

Shaw, '10, upon being requested by the patient to use a local anaesthetic before extractiug a tooth, administered a glass of H2 O, stating that to drink, that would counteract all nerve sensations. Judging by the cries coming from the extracting-room the fellows decided that Shaw's glass of water did not have the desired effect.

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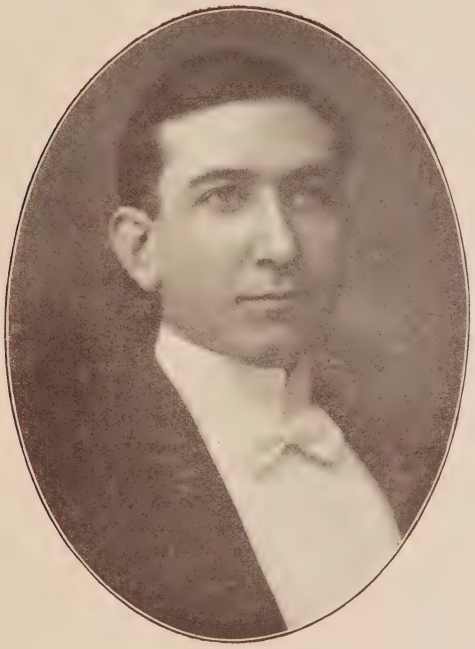
Chi Zeta Chi Convention

The Fourth Annual National Convention of the Chi Zeta Chi Medical Fraternity was held at the Stafford Hotel, in Baltimore, on January 7, 8, and 9, 1909. The convention was largely attended by delegates from different sections of the country, representing the seventeen active chapters of the organization. Three chapters are located in Baltimore: the John S. Lynch Chapter at the College of Physicians and Surgeons, The Louis McLane Tiffany Chapter at the University of Maryland, and the Edmond Rhett Walker Chapter at the Baltimore Medical College.



Allen Graham, '09

The convention organized Thursday morning; and Allen Graham, presiding officer of the Walker Chapter, was unanimously elected president of the convention. The morning and afternoons were devoted to the transaction of fraternity business. Saturday afternoon, at the election of general officers of the fraternity, Dr. F. G. Jones, of Atlanta, Georgia, was elected to the supreme office, succeeding Dr. J. A. Griffin, B. M. C., '07, the founder of Chi Zeta Chi.

The evenings were given over to enjoyment. Thursday night a box party at Ford's filled five boxes with delegates and local men. The theatre was appropriately decorated with the fraternity colors, purple and gold, and presented a very pretty appearance. The leading lady, Miss Cameron, of the Merry Widow Company, carried the fraternity pennant in the first act, and in the second, a huge bouquet of white carnations, the fraternity flower. The play was vigorously applauded and thoroughly enjoyed by the entire party.

Friday evening the delegates were entertained at a dance at Lehmann's Hall, which was well filled by the local men aud their guests. An orchestra of ten pieces, concealed by a bower of palms furnished excellent music for the evening. Refreshments were served at midnight in the small hall back of the stage by Caterer Johnson. The affair was a success in every way and reflected great credit upon those in charge.

Saturday evening the convention concluded with a banquet at the Stafford Hotel. Covers were laid for about seventy-five, who thoroughly enjoyed the excellent menu served in the superb style for which this hotel is famous.

With the cigars came the addresses of the evening. J. M Bunting, of the Walker Chapter, welcomed the delegates on behalf of the local chapters.

Dr. Randolph Winslow, of the University of Maryland, addressed those present and was listened to with marked attention as he interspersed sound advice with witty anecdotes.

Dr. S. C. Annen, senior editor of the "Baltimore Sun" and founder of the Kappa Alpha Literary Fraternity, gave a very interesting address on Greek Letter organizations and their influence on the lives of those connected with them.

Other speakers were Dr. J. A. Griffin, and Dr. F. G. Jones; and many of the delegates, who were called upon impromtu, replied in a happy vein.

Too much credit cannot be given the committee on arrangements who had charge of the business and social affairs of the convention for their untiring work to which the success of the different events is largely due.

The committee consisted of:

W. W. Braithwaite, University of Maryland.

Allen Graham, Baltimore Medical College.

H. L. Bremer, Physicians and Surgeons.

B. H. Frayser, Lincoln University.

The next convention will be held at Nashville, Tenn.; and it is expected that a large number of members from Baltimore will attend.

Annual Report of Treasurer of Athletic Association

Money received		$427.06
Expenses		418.30
		$8.76
B. M. C. Faculty		150.00
		$158.76
Sweaters for team	$80.00	
Basket-ball suits	40.00	
		$120.00
Balance		$38.76

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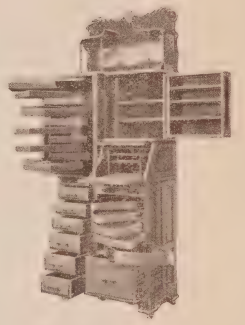

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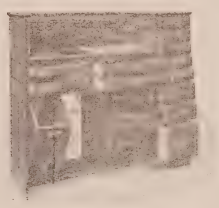

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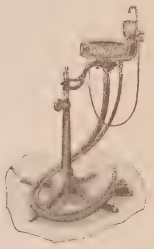

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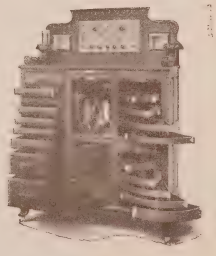

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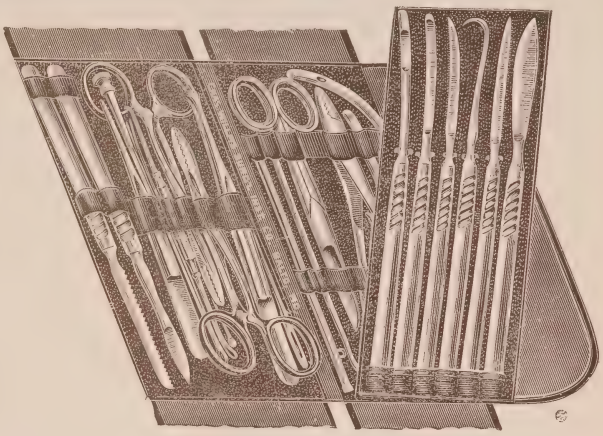

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